


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000051769</b> 1. Entity Name D & D FLORIDA ENTERPRISES II, LLC	
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Principal Place of Business 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695	Mailing Address 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695
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**DO NOT WRITE IN THIS SPACE**

04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DERON  
2232 CYPRESS HOLLOW COURT  
SAFETY HARBOR, FL 34695

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000883794  
04/17/08-80018-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, DERON 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Deon Thomas Deron Thomas 4/2/08 727-724-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #