

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063763

Entity Name: DDDS PROPERTIES LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

19812 GULF BLVD.
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

16527 HUTCHISON RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3541876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRWIN, SHERRI
16527 HUTCHISON RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IRWIN, SHERRI
Address: 16527 HUTCHISON RD.
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: IRWIN, DAVID
Address: 16527 HUTCHISON RD.
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: IRWIN, DONALD
Address: 1534 BREHM RD.
City-St-Zip: WESTMINSTER, MD 21157

Title: MGRM () Delete
Name: IRWIN, DOROTHY
Address: 1534 BREHM RD.
City-St-Zip: WESTMINSTER, MD 21157

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J. IRWIN

VP

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date