## Jan 23, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT 01-23-2008 90021 044 \*\*\*138.75 DOCUMENT # L06000085062 1. Entity Name DDA INVESTMENTS, LLC Principal Place of Business Mailing Address 60003181 878 109TH AVE: NORTH 878 109TH AVE. NORTH NAPLES, FL 34108 NAPLES, FL 34108 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-5456146 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUSSO, MARK S MD DO NOT WRITE 878 109TH AVE NO STE 2 NAPLES, FL 34108 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.

FILE	NOWIII	FFF 19	\$138.75	
After May	1. 2008	F00 W	III be <b>5</b> 53	8.75

SIGNATURE

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM RUSSO, MARK S MD 878 109TH AVE NO STE 2 NAPLES, FL 34108			
TITLE NAME STREET ADORESS CITY-ST-ZIP				
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44. I hereby parties that the information goodlind with this filling does not qualify for the				

## DO NOT WRITE IN THIS SPACE

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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

16/2008

Daytime Phone #

**FILED** 

Applied For

\$5.00 Additional

Fee Required

DATE

Not Applicable