2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000026062

Entity Name: L.D. ASSOCIATES LLC.

Current Principal Place of Business:

30226 PLYMOUTH SORRENTO ROAD
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 885
MT. DORA, FL 32756

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LILLY, DAVID R
1017 JULIETTE BLVD
MT. DORA, FL 32757 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:	LILLY, DAVID R	
Address:	1017 JULIETTE BLVD	
City-St-Zip:	MT. DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	LILLY, DONNA M	
Address:	1017 JULIETTE BLVD	
City-St-Zip:	MT. DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	DECILLIS, ALFRED	
Address:	1019 JULIETTE BLVD	
City-St-Zip:	MT. DORA, FL 32757	
Title:	MGR	( ) Delete
Name:	DECILLIS, BARBARA A	
Address:	1019 JULIETTE BLVD	
City-St-Zip:	MT. DORA, FL 32757	

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 LILLY MGRM 05/05/2008

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