


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90027 005 ***138.75

DOCUMENT # L07000091609	
1. Entity Name DDCI ALICO ROAD, LLC	

Principal Place of Business 6635 WILLOW PARK DRIVE NAPLES, FL 34109	Mailing Address 6635 WILLOW PARK DRIVE NAPLES, FL 34109
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60028996

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/O Colonial Square Realty</i>		04182008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 10608</i>		4. FEI Number <i>26-0869369</i>	
City & State		City & State <i>Naples FL</i>		Applied For Not Applicable	
Zip	Country	Zip <i>34101</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOREY, JAMES F C/O CONROY, CONROY & DURANT, P.A. 2210 VANDERBILT BEACH ROAD, SUITE 1201 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name <i>Colonial Square Realty</i> Street Address (P.O. Box Number is Not Acceptable) <i>1048 Goodlette Road #201</i> City <i>Naples</i> FL Zip Code <i>34101</i>	
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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 *[Signature]* *Clifford Olson* DATE *4/23/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEANGELIS DIAMOND CONSTRUCTION, INC. 6635 WILLOW PARK DRIVE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *Clifford Olson* DATE *4/23/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #