

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064911

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** D2 CADD PRODUCTION, LLC

**Current Principal Place of Business:**

5600 BRENTFORD AVE.  
ORLANDO, FL 32833 US

**New Principal Place of Business:**

**Current Mailing Address:**

5600 BRENTFORD AVE.  
ORLANDO, FL 32833 US

**New Mailing Address:**

**FEI Number:** 27-0489291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, DAVID R  
617 E. WASHINGTON ST.  
SUITE # 2  
ORLANDO, FL 32801 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  
**Name:** GROVES, DAVID E  
**Address:** 5600 BRENTFORD AVE.  
**City-St-Zip:** ORLANDO, FL 32833 US

**Title:** MGRM  
**Name:** JACOBS, DAVID R  
**Address:** 1509 W. COLONY AVE.  
**City-St-Zip:** KISSIMMEE, FL 34744 US

I hereby 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 E. GROVES

MGRM

04/28/2011

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