

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002952

1. Entity Name

D & D INVESTMENT PROPERTYS L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

10919 Tailfeather Ct

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number

59-3578946

Applied For

Not Applicable

Zip
33625

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN -4 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

10919 Tailfeather Ct
Tampa FL 33625

Thomas Daugherty

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

SIGNATURE *Thomas E. Daugherty*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *Gen Partner* ☐ Delete
NAME *Thomas Daugherty*
STREET ADDRESS *10919 Tailfeather Ct*
CITY-ST-ZIP *Tampa FL 33625* *MGRM*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Partner* ☐ Delete
NAME *Mike Daugherty*
STREET ADDRESS *535 Allegheny* *MGRM*
CITY-ST-ZIP *Colorado Springs Co 80919*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas E. Daugherty*

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

Date

Daytime Phone #

4-9-01

813-946-9463

CR2E083 (11/00)