2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000024924

1. Entity Name
ADMIRAL DALES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 158	P.O. BOX 158
OKEECHOBEE, FL 34973	OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
90-0071913	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOANE, RANDELL C ESQ
515 NORTH FLAGLER DRIVE, SUITE 600
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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.

SIGNATURE _____

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	CT	
NAME	BERGER, LORI C	
STREET ADDRESS	PO BOX 158	
CITY-ST-ZIP	OKEECHOBEE, FL 34973	
TITLE	CT	
NAME	BERGER, PHILIP Y	
STREET ADDRESS	PO BOX 158	
CITY-ST-ZIP	OKEECHOBEE, FL 34973	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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05/02/05-80086-014 50.00

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IN THIS SPACE**

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: _Lori Berger_ LORI C. Berger   4-27-05   863-763-641

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