## 2006 LIMITED LIABILITY COMPANY

## FILED **ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State 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 CR2E083 (11/05) 04072006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0071913 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOANE, RANDELL C ESQ DO NOT WRITE 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH, FL 33401 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. СТ TITLE BERGER, LORI C NAME STREET ADDRESS **PO BOX 158** OKEECHOBEE, FL 34973 CITY-ST-ZIP TITLE U00000530959 05/06/06-80021-006 50.00 NAME BERGER, PHILIP Y STREET ADDRESS **PO BOX 158** CITY-ST-ZIP OKEECHOBEE, FL 34973 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

11. I hereby certify that the information supplied with this filling 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.

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

STREET ADDRESS CITY-ST-7IP 3777 NAME STREET ADDRESS CITY-ST-ZIP

4-20-06

863-763-1.411