


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90017 040 \*\*\*\*50.00


<b>DOCUMENT # L04000066685</b>	
<b>1. Entity Name</b> DADSLAND L.L.C.	

<b>Principal Place of Business</b> APARTMENT #205 823 CAMARGO WAY ALTAMONTE SPRINGS FL 32714	<b>Mailing Address</b> APARTMENT #205 823 CAMARGO WAY ALTAMONTE SPRINGS FL 32714
---	---

<b>2. Principal Place of Business</b> 1009 S.E. 3 STREET Suite, Apt. #, etc. # 16	<b>3. Mailing Address</b> 1009 SE 3 STREET Suite, Apt. #, etc. # 16
--	--

<b>City &amp; State</b> DEERFIELD BEACH Zip 33441 Country BROWARD	<b>City &amp; State</b> DEERFIELD BEACH Zip 33441 Country BROWARD
--	--

20010011



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 86-1123791	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> EGNER, THEODORE K 3067 E. COMMERCIAL BLVD. FORT LAUDERDALE FL	<b>7. Name and Address of New Registered Agent</b> 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> DEA, VICTOR 823 CAMARGO WAY, #205 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> DEA, VICTOR 1009 SE 3 STREET, #16 DEERFIELD BEACH, FL. 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DEA, MABEL 823 CAMARGO WAY, #205 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DEA, MABEL 1009 SE 3 STREET, #16 DEERFIELD BEACH, FL. 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 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:** Victor Dea Feb. 27, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**