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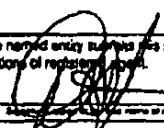
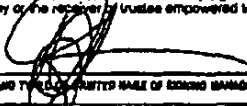
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30010507

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000027823			
1. Entity Name DANSACA, LLC			
Principal Place of Business 155 S MIAMI AVENUE PH 1A MIAMI, FL 33130		Mailing Address 155 S MIAMI AVENUE PH 1A MIAMI, FL 33130	
2. Principal Place of Business - No P.O. Box # 333 S. Miami Ave.		3. Mailing Address 333 S. Miami Ave.	
Subs. Apt. #, etc. Suite 150		Subs. Apt. #, etc. Suite 150	
City & State Miami, FL		City & State Miami, FL	
Zip 33130	Country USA	Zip 33130	Country USA
4. FEI Number 20-4502024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SIRLIN, DANIEL 155 S MIAMI AVENUE PH 1A MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Sirlin, Daniel Street Address (P.O. Box Number is Not Acceptable): 333 S. Miami Avenue, Ste. #150 City: Miami FL Zip Code: 33130	
8. The above named entity submits the 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 		Date: 4/23/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Daniel Sirlin 333 S. Miami Ave., Ste. 150 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted with this filing 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 606, Florida Statutes.			
SIGNATURE: 		Date: 4/23/07	
SIGNATURE AND TITLE OF AUTHORIZED OFFICER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			