


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90152 011 \*\*\*\*50.00

<b>DOCUMENT # L00000015608</b> 1. Entity Name 401-415 SOUTH DALE L.L.C.	
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Principal Place of Business <del>5110 EISENHOWER BLVD</del> <del>SUITE 100</del> <del>TAMPA FL 33634</del>	Mailing Address P.O. BOX 26563 TAMPA FL 33623-6563
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2. Principal Place of Business - No P.O. Box # 5130 EISENHOWER BLVD	3. Mailing Address Suite, Apt. #, etc. SUITE 100
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1st MOORE CR2E083 (10/06)

City & State TAMPA, FL	City & State City & State
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4. FEI Number 59-3690253	Applied For Not Applicable
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Zip 33634	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SADORF, RICK W ESQ 2201 NORTHEAST COACHMAN ROAD SUITE 102 CLEARWATER FL 33765
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	GARCIA, ROBERTO
STREET ADDRESS	<del>5110 EISENHOWER BLVD., STE 120</del>
CITY ST ZIP	<del>TAMPA FL 33634</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGR GARCIA, ROBERTO
STREET ADDRESS	5130 EISENHOWER BLVD., SUITE 100
CITY ST ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  Robert Garcia 1/22/07 813-281-2949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #