2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 03, 2008 08:00 Al Secretary of State

$D \cap C \mid$	INJENIT # 1	_05000092811	
1 11 11 11	11VIT V #	しいいしいいカとりエエ	

1. Entity Name DALE, LLC



Principal Place of Business

C/O ALLAN M. GLASER, P.A. 11900 BISCAYNE BLVD., SUITE 807 MIAMI, FL 33181 Mailing Address

C/O ALLAN M. GLASER, P.A. 11900 BISCAYNE BLVD., SUITE 807 MIAMI, FL 33181



01092008 No Chg-LLC

CR2E083 (12/07)

847-846-7003

Davume Phone #

4. FEI Number		Applied For	
59-2755185			Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GLASER, ALLAN M ESQ. 11900 BISCAYNE BLVD., SUITE 807 MIAMI, FL 33181

SIGNATURE:

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 it applicable	(NOTE Registered Agent signature required when reinstating)	DATE			
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000880351 04/15/08-80058-018 138.75			
9. IIILE	MANAGING MEMBERS/MANAGERS MGR					
NAME STREET ADDRESS CITY-ST-ZIP	DALE GANDALLE AS TRST/DALE GANDALL REV 10 CHICORY LANE RIVERWOOD, IL 60016	TRS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE			
MAME SIREET ADDRESS CITY-ST ZIP			1			
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 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.						