


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

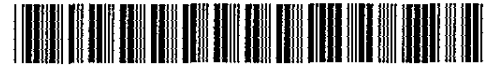
FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000004337
1. Entity Name
DON L. FINANCE, L.L.C.



Principal Place of Business 3250 N W 23RD AVE. SUITE 0-100 POMPANO BEACH, FL 33069	Mailing Address 3250 N W 23RD AVE. SUITE 0-100 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



03132006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1000452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000542696
05/10/06-80107-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LLOYD, MAXWELL 3250 N W 23RD AVE. 0-100 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, STEPHEN 3250 N W 23RD AVE. 0-100 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____