## 2005 LIMITED LIABILITY COMPANY

CITY - ST - ZIP

## **FILED** Mar 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L0000004750 1. Entity Name DANŽI, LLC Principal Place of Business Mailing Address 5807 TALLOWOOD CIRCLE 4305 MCGREGOR FORT MYERS, FL 33919 FORT MYERS, FL 33901 02232005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1002139 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANZI, CRISTOF DO NOT WRITE 5807 TALLOWOOD CIR FORT MYERS, FL 33919 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 if applicable. INOTE Registored Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MCRM DANZI, CRISTOF NAME STREET ADDRESS 5807 TALLOWOOD CIRCLE FORT MYERS, FL 33919 U00000249069 03/02/05-80056-012 50.00 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)[1), 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.