


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010819</b> 1. Entity Name <b>DARATO, LLC</b>	
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Principal Place of Business <b>2635 WEST 81ST STREET HIALEAH FL 33016</b>	Mailing Address <b>2635 WEST 81ST STREET HIALEAH FL 33016</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E083 (10/04)

4. FEI Number **65-1080913**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBINSON, RAYMOND L  
1501 VENERA AVE., STE 300  
CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, 2005**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	COOK, DANIEL P	<input type="checkbox"/>
STREET ADDRESS	2635 W 81 ST	
CITY- ST- ZIP	HIALEAH FL	
TITLE	MGR	<input type="checkbox"/>
NAME	CURBELO, TOMAS	
STREET ADDRESS	2660 W 79 ST	
CITY- ST- ZIP	HIALEAH FL	
TITLE	MGR	<input type="checkbox"/>
NAME	DELASIERRA, RAUL	
STREET ADDRESS	2635 W 81 STREET	
CITY- ST- ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000216647		
NAME	02/05/05-80057-018		
STREET ADDRESS	55.00		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **1-31-05** **3055572444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #