

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90332 028 ****50.00

DOCUMENT # L00000012262

1. Entity Name
DALTON SOUTH, LLC



Principal Place of Business
2840 WEST BAY DRIVE, SUITE 135
BELLEAIR BLUFFS, FL 33770

Mailing Address
2840 WEST BAY DRIVE, SUITE 135
BELLEAIR BLUFFS, FL 33770

24040523



03302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CHARLES M JR.
101 EAST KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33601

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAGOSTINO, FRANK
STREET ADDRESS	1751 CHARITY DR.
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGR
NAME	SIMON, JUDY
STREET ADDRESS	16603 VILLALANDA DEAVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGR
NAME	PINELLAS BUILDERS 508 INC
STREET ADDRESS	PO BOX 152
CITY-ST-ZIP	LARGO, FL 33779
TITLE	MGR
NAME	LYONS, BOB
STREET ADDRESS	48 GULF BLVD
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____

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

Date

Daytime Phone #

4/6/04 6153708492