

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90017 044 ****50.00

DOCUMENT # L01000009265

1. Entity Name
DARIN DAVID, LLC.

Principal Place of Business Mailing Address
1400 VIRGINIA STREET 1400 VIRGINIA STREET
KEY WEST FL 33040 KEY WEST FL 33040

2. Principal Place of Business 3. Mailing Address
804 CAROLINE ST. 804 CAROLINE ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KEY WEST KEY WEST, FL

Zip Country Zip Country
FL 33040 USA 33040 USA

4. FEI Number Applied For
65-115232 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JANOUS, MELINDA
1400 VIRGINIA STREET
KEY WEST FL 33040

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.

SIGNATURE: *Melinda A. Janous* member DATE: 1/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JANOUS, MELINDA A	
STREET ADDRESS	1400 VIRGINIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DARIN D. COOK	
STREET ADDRESS	1507 GEORGE ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIN D. COOK	
STREET ADDRESS	1507 GEORGE ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Melinda A. Janous* member Date: 1/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (9/01)