## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF SIGNING MANAGING

SIGNATURE AND TYPES OF

## Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # L01000009265 1. Entity Name DARÍN DÁVID, LLC. Mailing Address Principal Place of Business 804 CAROLINE ST 804 CAROLINE ST KEY WEST, FL 33040 KEY WEST, FL 33040 01172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1115232 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent JANOUS, MELINDA DO NOT WRITE 1400 VIRGINIA STREET KEY WEST, FL 33040 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, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME JANOUS, MELINDA A 1400 VIRGINIA STREET STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 UNUNDO286451 TITLE 04/04/05-80029-007 50.00 NAME. STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurrent and that mysignature 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 for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EMBER, OR AUTHORIZED REPRESENTATIVE

FILED