ANNUAL REPORT

May 0
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DOCUMENT # L01000014483

1. Entity Name
DAY AND DAY MANAGEMENT LLC

Principal Place of Business	Mailing Address
620 LOWELL LN DAVIE, FL 33325	P.O. BOX 551261 FORT LAUDERDALE, FL 33355

DO NOT WRITE IN THIS SPACE

05022005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1138062
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, KENDALL E
620 LOWELL LN
DAVIE, FL 33325

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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 _____ 5-1-05
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 September 7, 2005

U00000365110
05/09/05-80026-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAY, KENDALL E
STREET ADDRESS	620 LOWELL LN
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	MGRM
NAME	DAY, ROBIN M
STREET ADDRESS	620 LOWELL LN
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5-1-05 954-476-5090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #