

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014483

FILED
May 01, 2006
Secretary of State

Entity Name: DAY AND DAY MANAGEMENT LLC

Current Principal Place of Business:

620 LOWELL LN
DAVIE, FL 33325

New Principal Place of Business:

5304 SW 159TH AVE
MIRAMAR, FL 33027

Current Mailing Address:

P.O. BOX 551261
FORT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-1138062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAY, KENDALL E
620 LOWELL LN
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

DAY, KENDALL E
5304 SW 159TH AVE
MIRAMAR, FL 33027 US

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: KENDALL DAY

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAY, KENDALL E
Address: 620 LOWELL LN
City-St-Zip: DAVIE, FL 33325

Title: MGRM () Delete
Name: DAY, ROBIN M
Address: 620 LOWELL LN
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAY, KENDALL E
Address: 5304 SW 159TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Change () Addition
Name: DAY, ROBIN M
Address: 5304 SW 159TH AVE
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENDALL DAY

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date