2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L01000014483

Entity Name: DAY AND DAY MANAGEMENT LLC

Current Principal Place of Business:

5304 SW 159TH AVE
MIRAMAR, FL 33027

New Principal Place of Business:

6903 NW 126TH AVE
PARKLAND, FL 33076

Current Mailing Address:

P.O. BOX 278982
MIRAMAR, FL 33027

New Mailing Address:

6903 NW 126TH AVE
PARKLAND, FL 33076

FEI Number: 65-1138062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAY, KENDALL E
6903 NW 126TH AVE
PARKLAND, FL 33076 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 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAY, KENDALL E
Address: 6903 NW 126TH AVE
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Change ( ) Addition
Name: DAY, ROBIN M
Address: 6903 NW 126TH AVE
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify 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 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date