

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # L01000014921

**1. Entity Name
DASH VENTURES, LLC**



**Principal Place of Business
701 TERN POINT CIRCLE
BOCA RATON, FL 33431**

**Mailing Address
1761 W HILLSBORO BLVD STE 200
DEERFIELD BEACH, FL 33442**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1152963**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUENTE, DAVID
701 TERN POINT CIRCLE
BOCA RATON, FL 33431**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUENTE, SHEILA
701 TERN POINT CIRCLE
BOCA RATON, FL 33431**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000584864
01/12/07-80054-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/07

954-428-3007