

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 021 ****50.00

DOCUMENT # L01000015695

1. Entity Name

DAN REALTY, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5626 GULF DRIVE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

Zip

34652

Country

USA

Zip

Country

4. FEI Number

593 743962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MEHTA PRATAP

Street Address (P.O. Box Number is Not Acceptable)

5626 GULF DRIVE

City NEW PORT RICHEY

FL

Zip Code

34652

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
MEDARA ARUNA
5626 GULF DRIVE
NEW PORT RICHEY FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
MEHTA DILIP
5626 GULF DRIVE
NEW PORT RICHEY FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]

MEHTA PRATAP

4/10/03

(727)-841-8212

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

Date

Daytime Phone #

CR2E083B (12/02)