



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005022 1. Entity Name DAYL, LLC	
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Principal Place of Business 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434	Mailing Address 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



02152004No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0395910	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000070511
03/01/04-80042-017 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, NARCIZA 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, TEODULO 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, DAVID A 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ TAVERAS, TANYA D 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, ROY S 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, DANIEL C 2501 NORTHWEST 29TH DR. BOCA RATON, FL 33434

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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: *Narciza Diaz* 2/17/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #