2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/30

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-30-2007 90035 005 ****50.00

DOCUMENT # L02000011994

1. Entity Name
DAY, L.L.C.

30000845

Principal Place of Business	Mailing Address
2208 "D" ROAD LOXAHATCHEE, FL 33470 US	13319 KINGSBURY DR. WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0015049
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DREIER, DENNIS
2432 D. ROAD
LOXAHATCHEE, FL 33470

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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: _____ ROBERT M YOUNG 1/24/07
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	MGR .
NAME	DREIER, DENNIS
STREET ADDRESS	2432 "D" ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGR
NAME	YOUNG, ROBERT M
STREET ADDRESS	13319 KINGSBURY DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGR
NAME	ALTMAN, MATT
STREET ADDRESS	13319 KINGSBURG DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ROBERT M YOUNG 2/14/07 561-722-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #