

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015259

FILED  
Jan 14, 2007  
Secretary of State

Entity Name: DANE, L.L.C.

**Current Principal Place of Business:**

54 FOX RUN RD  
NORWALK, CT 06850

**New Principal Place of Business:**

**Current Mailing Address:**

54 FOX RD  
NORWALK, CT 06850

**New Mailing Address:**

FEI Number: 46-0491461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORONI, PAULINE  
1072 OLD MAGNOLIA COVE  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DANE, CHRISTOPHER J  
Address: 54 FOX RUN RD  
City-St-Zip: NORWALK, CT 06850

Title: MGRM ( ) Delete  
Name: DANE, TERRENCE D  
Address: 1478 POLO DRIVE  
City-St-Zip: BARTLETT, IL 60103

Title: MGRM ( ) Delete  
Name: DANE, MICHAEL D  
Address: 205 THORNBUSH COURT  
City-St-Zip: COLD SPRING, KY 41076

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER J. DANE

PRES

01/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date