2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020538

Entity Name: DONFAN, LLC

Name:

Address:

City-St-Zip:

540 BRICKELL KEY DRIVE #1028

MIAMI, FL 33131

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1301 SHOTGUN ROAD WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 1301 SHOTGUN ROAD WESTON, FL 33326 FEI Number: 22-3866756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, WENDY ALLEN, WENDY 540 BRICKELL KEY DRIVE, APT. 1028 540 BRICKELL KEY DRIVE APT. 1028 MIAMI, FL 33131 MIAMI, FL 33131 US 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: 03/31/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WENDY, ALLEN Name: Name: Address: 540 BRICKELL KEY DR APT 1028 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGRM () Delete Title: (X) Change () Addition MGRM Name: STEIN, CAROLE Name: STEIN, CAROLE Address: 540 BRICKELL LKEY DR APT 1028 Address: 540 BRICKELL KEY DR APT 1028 City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: MGRM () Delete Title: () Change () Addition STEIN, WILLIAM Name: Name: 540 BRICKELL KEY DRIVE #1028 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BROWN, PAIGE

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WENDY ALLEN 03/31/2009