

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

03-12-2003 90014 007 \*\*\*\*50.00

FILE#L02000033804

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L02000033804

1. Entity Name

DADSLAND, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*U.S. Hwy 44*

Suite, Apt. #, etc.

3. Mailing Address

*22449 Lake Seneca Rd*

Suite, Apt. #, etc.

*Eustis, Florida*

City & State

*Eustis, FL*

City & State

4. FEI Number

Applied For

Not Applicable

Zip

*32726*

Country

*USA*

Zip

*32736*

Country

*USA*

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Kenneth E. LaRoe*

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

*22449 Lake Seneca Rd*

City

*Eustis*

FL

Zip Code

*32736*

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

*3/6/03*

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>Mgr</i>	<i>Kenneth E. LaRoe</i>	<i>22449 Lake Seneca Rd</i>				
			<i>Eustis, FL 32736</i>				

**DO NOT WRITE 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 606, Florida Statutes.

SIGNATURE:

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

*3/6/03*

Date

*352/335-6161*

Daytime Phone #

CR2E083B (12/02)