


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000004352 1. Entity Name DAY, LC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 17116 NEWPORT CLUB DRIVE BOCA RATON, FL 33496 | Mailing Address 17116 NEWPORT CLUB DRIVE BOCA RATON, FL 33496 |
|---|---|



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 52-2416232 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent GARLICK, MICHAEL 17116 NEWPORT CLUB DRIVE BOCA RATON, FL 33496 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000211418
02/02/05-80119-011 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARLICK, MICHAEL 17116 NEWPORT CLUB DR. BOCA RATON, FL 33496 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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 608, Florida Statutes.

SIGNATURE:  **2/1/05 561-999-0606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #