2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 26, 2004 8:00 am Secretary of State **DOCUMENT # L03000008041** 1. Entity Name 03-26-2004 901 58 007 ****50 00 DANĆO HOLDINGS, LLC Principal Place of Business Mailing Address C/O DANIEL J. SCHWARTZ C/O DANIEL J. SCHWARTZ 3363 N.E. 171ST STREET 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 26-0061586 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOENIGSBERG, JAY ESQ. 1101 BRICKELL AVENUE, SUITE 800 SOUTH-Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City Zip Code 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, 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete TITLE TITLE Addition Change DAVILL SCHUMETE NAME NAME 3363 NE 171 5T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PL 33160 N. MIAMi Bench TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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: 305-987-9526

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

FILED