2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000012725

DALE BLOW ENTERPRISES, L.L.C.



Principal Place of Business

2018 SE 21ST STREET CAPE CORAL, FL 33990 Mailing Address

2018 SE 21ST STREET CAPE CORAL, FL 33990

FILED Apr 09, 2005 08:00 AM Secretary of State



03052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1185121

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BLOW, DALE A

SIGNATURE: \(\sigma\)

DO NOT WRITE

2018 SE 2151 STREET CAPE CORAL, FL 33990		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		
Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	U00000296398
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOW, DALE A 2018 SE 21ST STREET CAPE CORAL, FL 33990	04/09/05-80066-017 50.00
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGR BLOW, ANNETTE 2018 SE 21ST STREET CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		