




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90225 005 ****50.00

DOCUMENT # L03000013462 1. Entity Name CARDAN OF SOUTH DADE, LLC					
Principal Place of Business 4801 SW 170TH STREET SOUTHWEST RANCHES, FL 33331			Mailing Address 4801 SW 170TH STREET SOUTHWEST RANCHES, FL 33331		
2. Principal Place of Business 17001 SW 48 ST Suite, Apt. #, etc.		3. Mailing Address 17001 SW 48 ST. Suite, Apt. #, etc.			
City & State Southwest Ranches, FL		City & State Southwest Ranches, FL		4. FEI Number 32-0088429	
Zip 33331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESNAHAM, DANIEL 4801 SW 170 STREET SOUTHWEST RANCHES, FL 33331				7. Name and Address of New Registered Agent Name Daniel-Bresnahan Street Address (P.O. Box Number is Not Acceptable) 17001 SW 48 ST City Southwest Ranches FL Zip Code 33331	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRESNAHAN, DANIEL W 17001 S.W. 48 ST. S.W. RANCHES, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 1-20-06 Daytime Phone # 954 600 3824		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					