

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015945

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Entity Name:** DANESE & ASSOCIATES, LLC

**Current Principal Place of Business:**

7 NW 2ND STREET  
STE. 208  
MIAMI, FL 33128

**New Principal Place of Business:**

4300 BISCAYNE BLVD.  
STE. 205  
MIAMI, FL 33137

**Current Mailing Address:**

1800 SUNSET HARBOR DRIVE  
STE. 1605  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 76-0735352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHOLOBEL, MICHAEL  
7 NW 2ND STREET  
STE. 208  
MIAMI, FL 33128 US

**Name and Address of New Registered Agent:**

CHOLOBEL, MICHAEL  
4300 BISCAYNE BLVD.  
STE. 205  
MIAMI, FL 33137 US

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.

SIGNATURE: MICHAEL CHOLOBEL      04/21/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DANESE, MARIO  
Address: 1800 SUNSTE HARBOR DRIVE, STE. 1605  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO DANESE      MGRM      04/21/2006  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date