
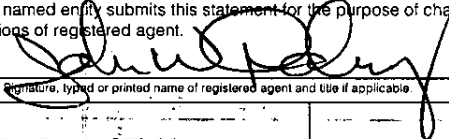
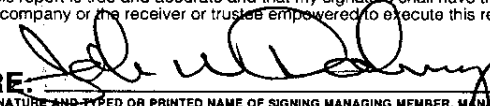


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90099 049 \*\*\*\*55.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # L03000016964</b><br>1. Entity Name<br><b>DABCO, LLC</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>8135 25TH STREET<br/>VERO BEACH, FL 32966</b>   |  |   | Mailing Address<br><b>8135 25TH STREET<br/>VERO BEACH, FL 32966</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State                                  |   |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>56-2363141</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>DABNEY, JOHN W<br/>114 NE TWYLITE TERRACE<br/>PORT ST. LUCIE, FL 34983</b>   |  |   |   | Name <b>DABNEY, JOHN W.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8135 25th Street</b><br><br>City <b>Vero Beach,</b> <b>FL</b> Zip Code <b>32966</b> |  |
| 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   |  |   |   | <b>John W. Dabney, MGRM</b> 7-26-04<br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2004</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>        |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>DABNEY, JOHN W<br/>114 NE TWYLITE TERRACE<br/>PORT ST. LUCIE, FL 34983</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>MGRM<br/>John W. Dabney<br/>8135 25th St., Vero Beach, FL 32966</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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    |  |   |   | <b>John W. Dabney, MGRM</b> 7-26-04 # 772-299-4560  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |   | <small>Date Daytime Phone #</small>   |  |