

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90144 004 \*\*\*\*50.00

<b>DOCUMENT # L03000025474</b>					
<b>1. Entity Name</b> DANO DISTRIBUTORS LLC					
<b>Principal Place of Business</b> 801 BRICKELL KEY BOULEVARD SUITE # 3104 MIAMI, FL 33131 US			<b>Mailing Address</b> 801 BRICKELL KEY BOULEVARD SUITE # 3104 MIAMI, FL 33131 US		
<b>2. Principal Place of Business</b> 15427 NE 21 AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15427 NE 21 AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> NORTH MIAMI BEACH, FL Zip 33162 Country U.S.A.		<b>City &amp; State</b> NORTH MIAMI BEACH, FL Zip 33162 Country U.S.A.		<b>4. FEI Number</b> 33-1064366	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> OLECH, DANIEL 801 BRICKELL KEY BOULEVARD SUITE # 3104 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name DANIEL OLECH Street Address (P.O. Box Number is Not Acceptable) 8826 WEST FLAGLER ST. #112 City MIAMI FL Zip Code 33174		
<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.</b> SIGNATURE <u>Daniel Olech</u> DANIEL OLECH DATE 04/26/04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLECH, DANIEL 801 BRICKELL KEY BOULEVARD; # 3104 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL OLECH 8826 WEST FLAGLER ST. #112 MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Daniel Olech</u> DANIEL OLECH DATE 04/26/04 305-534-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					