


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000025474</b>	
<b>1. Entity Name</b> DANO DISTRIBUTORS LLC	

<b>Principal Place of Business</b> 15427 NE 21 AVENUE NORTH MIAMI BEACH, FL 33162 US	<b>Mailing Address</b> 15427 NE 21 AVENUE NORTH MIAMI BEACH, FL 33162 US
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**DO NOT WRITE IN THIS SPACE**



04302005 No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 33-1064366	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

OLECH, DANIEL  
8826 WEST FLAGLER ST.  
#112  
MIAMI, FL 33174

**DO NOT WRITE  
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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	OLECH, DANIEL
<b>STREET ADDRESS</b>	8826 WEST FLAGLER ST., #112
<b>CITY-ST-ZIP</b>	MIAMI, FL 33174
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/04/05-80047-014 50.00

**DO NOT WRITE  
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**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:** Daniel Olech **DANIEL OLECH** 4/26/05 (305) 919-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #