2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

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Entity Name: DV&A DALE PROPERTIES, LLC

Current Principal Place of Business:

4600 S. OCEAN BLVD.
APT. 601
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4600 S. OCEAN BLVD.
APT. 601
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

FEI Number: 42-1606775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALE, DONALD A
4600 S. OCEAN BLVD.
APT. 601
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: DALE, DONALD A
Address: 4600 S. OCEAN BLVD APT 601
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGR ( ) Change (X) Addition
Name: DALE, VICKI S
Address: 4600 S OCEAN BLVD APT 601
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGR ( ) Change (X) Addition
Name: DALE, AL J
Address: PO BOX 75
City-St-Zip: STATEN ISLAND, NY 10305 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD DALE MGR 07/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date