4006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000044382

Entity Name

DAN-O-INVESTMENTS, L.L.C.



Mailing Address

Principal Place of Business 9007 HAYMARKET LANE ODESSA, FL 33556

9007 HAYMARKET LANE ODESSA, FL 33556

FILED Mar 31, 2006 08:00 AM Secretary of State



02232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1900588 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

5. Name and Address of Current Registered Agent

FLORES, DENNIS RONALD 9007 HAYMARKET LANE ODESSA, FL 33556

STREET ADDRESS EITY-ST-ZIP

SIGNATURE: _

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	inns of registered agent.	R its indicates the out to hard and a start of so	THE STATE OF FIGURES. I AM INTERNAL WITH A SECOND
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
F	Ning Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGR FLORES, DENNIS RONALD 9007 HAYMARKET LANE ODESSA, FL 33556	•	000000495901 04/13/85-80015-805 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Thle Name Street address City-St-Zip		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME SIREET ADDRESS CISY-SY-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

AEMNIS R. FLORES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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