2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (A

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

04-19-2004 90033 014 ****50.00

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MOORE ,CR2E083 (11/03)

DOCUMENT # L03000047976

1. Entity Name

D.A.S. ENTERPRISES, LLC

Principal Place of Business	Mailing Address
ATTN: ALLEN GREEN 1154 NEWTON STREET NORTH BRUNSWICK NJ 08902-2210	ATTN: ALLEN GREEN 1154 NEWTON STREET NORTH BRUNSWICK NJ 08902-2210

2. Principal Place of Business	3. Mailing Address
2290 CARNABY COURT	2290 CARNABY COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33971 Country: U.S.A.	Zip: 33971 Country: U.S.A.

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, ALLEN 2290 CARNABY COURT LEHIGH ACRES FL 33971	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ APR 14 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREEN, ALLEN	NAME	
STREET ADDRESS	1154 NEWTON STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH BRUNSWICK NJ 08902-2210	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/28/04 239-369-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #