

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90375 038 ***150.00

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|--|---|---------------------------------|--|--|--|
| DOCUMENT # L03000054636 | | | | | |
| 1. Entity Name D & A ENTERPRISES, LLC | | | | | |
| Principal Place of Business 5335 SOUTHERLY WAY SARASOTA, FL 34232 | | | Mailing Address 5335 SOUTHERLY WAY SARASOTA, FL 34232 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 02282005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-0500004 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SILBERSTEIN, DAVID M 720 S ORANGE AVE SARASOTA, FL 34236 | | | | Name <u>Womeldorph, Howard</u> Street Address (P.O. Box Number is Not Acceptable) <u>7648 Lockwood Ridge Rd</u> City <u>SARASOTA</u> FL Zip Code <u>34243</u> | |
| 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 <u>[Signature]</u> <u>Howard Womeldorph</u> DATE <u>2-28-2005</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CALZAVARA, DANTE 5335 SOUTHERLY WAY SARASOTA, FL 34232 | <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 | MGR Recanatosi, Andrea 8302 BLAIRIE CT SARASOTA, FL 34240 | <input type="checkbox"/> Change <input checked="" 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 |
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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: <u>[Signature]</u> <u>DANTE CALZAVARA</u> Date <u>FEB 28, 2005</u> Daytime Phone # <u>941-350-6974</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |