

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-23-2005 90376 001 ****55.00

DOCUMENT # L03000055898					
1. Entity Name DABO, LLC					
Principal Place of Business 6101 BLUE LAGOON DR., SUITE 430 MIAMI, FL 33126			Mailing Address 6101 BLUE LAGOON DR., SUITE 430 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1167865				APPLIED FOR	
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		
HERMAN, ALISON P 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 D'ANCONA, IRMA 6101 BLUE LAGOON DRIVE, STE 430 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLIS, ROLAND 6101 BLUE LAGOON DRIVE, STE 430 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:			Date: 4-29-05 Daytime Phone: 305-262-2220		