

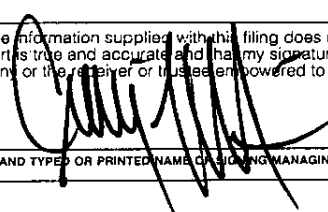


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90190 019 *****55.00

DOCUMENT # L03000056607					
1. Entity Name DATG, LLC					
Principal Place of Business C/O MENIN DEVELOPMENT COS.//ATTN: C. MENIN 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER, FL 33477			Mailing Address C/O MENIN DEVELOPMENT COS.//ATTN: C. MENIN 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER, FL 33477		
2. Principal Place of Business 3501 PGA Blvd.		3. Mailing Address 3501 PGA Blvd.			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201		02062004 Chg-LLC CR2E083 (10/03)	
City & State Palm Beach Gardens,		City & State Palm Beach Gardens		4. FEI Number 35-2224079	
Zip 33410		Country Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENIN, CRAIG L C/O MENIN DEVELOPMENT COMPANIES, INC. 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER, FL 33477			7. Name and Address of New Registered Agent 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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENIN, CRAIG 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501 PGA Blvd. Suite 201 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 60B, Florida Statutes.					
SIGNATURE: 				Date: 2-5-04 Daytime Phone #: 561-282-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					