


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90036 004 ****50.00

DOCUMENT # L04000026779

1. Entity Name
DANNY'S COLLISION AND CUSTOM, LLC



Principal Place of Business
**765 EAST WASHINGTON STREET
 MONTICELLO, FL 32344**

Mailing Address
**765 EAST WASHINGTON STREET
 MONTICELLO, FL 32344**

20042873



2. Principal Place of Business
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____

3. Mailing Address
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____

06012006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**LEE, DANIEL E
 765 EAST WASHINGTON STREET
 MONTICELLO, FL 32344**

4. FEI Number
20-0980292

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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.

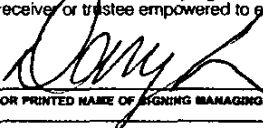
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, DANIEL E 765 EAST WASHINGTON STREET MONTICELLO, FL 32344 <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	<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 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 606, Florida Statutes.

SIGNATURE:  **4-30-06** **850-997-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #