


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000034211</b> 1. Entity Name <b>DANIA ANTIQUE GALLERIES, LLC</b>	
---	---

Principal Place of Business <b>25 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004</b>	Mailing Address <b>P.O. BOX 1814 DANIA BEACH, FL 33004</b>
--	---



03182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1187214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**TRINKLER, REBECCA S  
25 NORTH FEDERAL HIGHWAY  
DANIA BEACH, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOHL, TAMARA 25 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOHL, JENNIFER C 25 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINKLER, REBECCA S 25 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINKLER, ROBERT M 25 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

UD00000705942  
04/24/07-80015-003 50.00

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 608, Florida Statutes.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Handwritten Signature]*  
**4/2/2007**  
**954)927-1040**