2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jul 26, 2005 8:00 am Secretary of State

1. Entity Nam	e VICIAI # F0400004301			9	06-15-2005 90038	3 023 ****	50.00
DAN LOVING LLC					00 10 2000 3003	, 0 2 3	, 0.00
Principal Place	e of Business	Mailing Address	.				
1931 SW 73RD STREET 1931 SW 73RD STREET GAINESVILLE FL 32607 GAINESVILLE FL 32607				\)∪			
GAINESVILLE FL 32607 GAINESVILLE FL 32607					(
A Discisot D	to an of Provinces	Co Mailian Address					
2. Principal Place of Business		3. Mailing Address					HB101141
Suite Apt. #, etc. 1931 XSW 7322 57-		Suite Apt. #, etc.		\neg	1st MOORE		
City & State		City & State		4. FEI Nun	4. FEI Number Applied For		
Ghines		(Aireyoile	XFL.	26	1573986	/ N	ot Applicable
2710	Country	32607 P	Country 121-ch 44	5. Ownifice	ete of Status Desired	\$5.00 Add	
3240	6. Name and Address of Current F		10101901		nd Address of New Register		~
	,	Name	,				
LOVING, DAN 1931 SW 73RD STREET				Street Address (P.O. Box Number is Not Acceptable)			
GAINESVILLE FL 32607							
			City	-		L Zip Cod	le
9 The shows	named easily submits this statement for	the outcome of changing its re		vistered agent or		L	
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 registrated agent and talls a applicable (NOTE Registered Agent aignature required when reinstating) DATE							
		·				_	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
		Due	By May 1, 2005				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANG	ES	
TITLE	MGRM	☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS	LOVING, DAN 1931 SW 73RD STREET		NAME STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32607	•	CITY-ST-ZIP				
TITLE		☐ Deleta	THILE			☐ Change	☐ Addition
NAME SIREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-7P				
TITLE		☐ Deleta	TITLE		····	☐ Change	Addition
NAME CIRCLE ASSESSED			NAME				į
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP				
TIPLE		☐ Defete	TITLE			Change	Addition
NAME ATTEMPT ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-S1-ZIP				,
MLE		Delete	HITLE			☐ Change	Addition
NUME			NAME STORES A BRIDGE				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
ITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		•	HAME			•	
STREET ADDRESS			STREET ADDRESS		•		į
CITY-SF-ZIP	cortify that the information conciled with	this filing does not available for the	CHY-S1-ZP	in Section 110 07/	3Vi) Florida Statutas I (umber	costile that the i-	dormation
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 regeiver or trustee empayered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Clan Innie Op 28,08							
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