


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000058403**

1. Entity Name  
**DEMCAZAK-DOAN I, LLC**



Principal Place of Business      Mailing Address

**6549 CHESTNUT CIRCLE**      **6549 CHESTNUT CIRCLE**  
**NAPLES, FL 34109**      **NAPLES, FL 34109**



02112006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-1461862**      Not Applicable

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

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M ESQ.**  
**C/O CHEFFY, PASSIDOMO, ET AL**  
**821 FIFTH AVENUE SOUTH, SUITE 201**  
**NAPLES, FL 34102**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MANAGERS

|                |                      |
|----------------|----------------------|
| TITLE          | MGR                  |
| NAME           | DEMCAZAK, DANIEL K   |
| STREET ADDRESS | 6549 CHESTNUT CIRCLE |
| CITY-ST-ZIP    | NAPLES, FL 34109     |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
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| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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**DO NOT WRITE IN THIS SPACE**

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: Daniel K. Demczak DANIEL K. DEMCAZAK 2-20-06**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Docketing Check if