


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000067255</b> 1. Entity Name <b>DAZCO INVESTMENTS, LLC</b>						<b>FILED</b> <b>06 MAR 28 PM 4: 06</b> FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8190 SW 148 DRIVE PALMETTO BAY, FL 33158 US				Mailing Address 8190 SW 148 DRIVE PALMETTO BAY, FL 33158 US			
2. Principal Place of Business <b>9200 So. Delaland Blvd</b>				3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>Suite 220</b>				Suite, Apt. #, etc.			
City & State <b>Miami, Florida</b>				City & State			
Zip <b>33156</b>		Country <b>USA</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>COOPER, THOMAS T JR</b> <b>8190 SW 148 DRIVE</b> <b>PALMETTO BAY, FL 33158</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>			
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 acknowledge the obligations of registered agent. SIGNATURE <u><i>Thomas T Jr Cooper</i></u> DATE <u><i>3/15/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME	COOPER, THOMAS T JR.		NAME				
STREET ADDRESS	8190 SW 148 DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PALMETTO BAY, FL 33158		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME	OTMARA, DIAZ-COOPER J		NAME				
STREET ADDRESS	8190 SW 148 DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PALMETTO BAY, FL 33158		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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.

*Thomas T Jr Cooper*      3/15/05