## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED**

May 01, 2006 08:00 A **Secretary of State** 

## DOCUMENT # L04000067832

1. Entity Name

DANEVAN HOLDINGS LLC



Principal Place of Business

**6119 DRAKE STREET** JUPITER, FL 33458

Mailing Address

6119 DRAKE STREET JUPITER, FL 33458



04162006 No Chg-LLC DO NOT WRITE IN THIS SPACE

US

CR2E083 (11/05)

Applied For 4. FEI Number 75-3168661 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, JOHN 6119 DRAKE STREET JUPITER, FL 33458

## 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, (NO	OTE. Registered Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ESPOSITO, JOHN		
STREET ADDRESS	6119 DRAKE STREET		
CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	MGRM	, , , , , , , , , , , , , , , , , , ,	
NAME	ESPOSITO, JENNY	, and the second se	
STREET ADDRESS	6119 DRAKE STREET	Unnnnc497nc	
CITY-ST-ZIP	JUPITER, FL 33458	U00000549706 - 05/13/06-80029-017 50.00	
TITLE			
11)12			

DO NOT WRITE IN THIS SPACE

11.	1. 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 path; that I am a managing member or manager of the
	limited liability company or the regalyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP IMLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR F NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/06

541-745-7925

Daytime Proce #