

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90035 042 \*\*\*\*55.00

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<b>DOCUMENT # L04000073506</b>					
<b>1. Entity Name</b> DANYO REALTY AND MORTGAGE LENDING, LLC					
<b>Principal Place of Business</b> 11633 NW 7TH AVE. #103 MIAMI, FL 33168			<b>Mailing Address</b> 11633 NW 7TH AVE. #103 MIAMI, FL 33168		
<b>2. Principal Place of Business</b> 2880 W. OAKLAND AVE. Suite, Apt. #, etc. 114 City & State FT LAUDERDALE, FL Zip 33311 Country USA			<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		
			04292005 Chg-LLC CR2E083 (10/03)		
			<b>4. FEI Number</b> 47-0946097		Applied For Not Applicable
			<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  MORISMA, DANIEL 12305 NE MIAMI CT. MIAMI, FL 33161			<b>7. Name and Address of New Registered Agent</b> Name YOLETTE ANTOINE Street Address (P.O. Box Number is Not Acceptable) 11633 NW 7 AVE City MIAMI FL Zip Code 33168		
<b>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.</b> SIGNATURE <i>[Signature]</i> MGR - YOLLETTE ANTOINE DATE 4/25/05 <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 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORISMA, DANIEL 12305 NE MIAMI COURT MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANTOINE, YOLETTE 3537 SW 175 AVE. MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAPIESKY, LISNA 12555 NW 1ST AVE. MIAMI, FL 33168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE: <i>[Signature]</i> MGR YOLETTE ANTOINE 4/25/05 954 735-3353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					