

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 005 ****55.00

DOCUMENT # L04000073506 1. Entity Name DANYO REALTY AND MORTGAGE LENDING, LLC			
Principal Place of Business 2880 W OAKLAND BLVD #114 FORT LAUDERDALE, FL 33311 US		Mailing Address 11633 NW 7TH AVE. MIAMI, FL 33168	
2. Principal Place of Business 11633 NW 7 AVE		3. Mailing Address 11633 NW 7 AVE	
Suite, Apt. #, etc. STE A		Suite, Apt. #, etc. STE A	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33168		Zip 33168	
Country U.S.A.		Country U.S.A.	
4. FEI Number 47-0946097		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTOINE, YOLETTE 11633 NW 7 AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 accept the obligations of registered agent. SIGNATURE: <u><i>Yolette Antoine, MNG</i></u> DATE: <u>07/31/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOINE, YOLETTE 3537 SW 175 AVE. MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEMONDE GERMILUS 11633 NW 7 AVE - STE. A MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORESTIE, LOUISE 13725 NE 3 CT MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNADETTE JEAN 11633 NW 7 AVE MIAMI, FLORIDA 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNADETTE JEAN 11633 NW 7 AVE MIAMI, FLORIDA 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNADETTE JEAN 11633 NW 7 AVE MIAMI, FLORIDA 33168
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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: <u><i>Yolette Antoine, MNG</i></u> DATE: <u>7/31/06</u> 786 486 9122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			