2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L04000088160

Entity Name: DANALI LLC

Current Principal Place of Business:

449 LAKE COMO DR.
LAKE COMO, FL 32157 US

New Principal Place of Business:

449 LAKE COMO DR.
LAKE COMO, FL 32181 US

Current Mailing Address:

PO BOX 497
LAKE COMO, FL 32157 US

New Mailing Address:

449 LAKE COMO DR.
LAKE COMO, FL 32181 US

FEI Number: 20-1987949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLESKI, DAN A
449 LAKE COMO DR.
LAKE COMO, FL 32157 US

Name and Address of New Registered Agent:

MOLESKI, DAN A
449 LAKE COMO DR.
LAKE COMO, FL 32181 US

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.

SIGNATURE: 02/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOLESKI, DAN A
Address: 449 LAKE COMO DR.
City-St-Zip: LAKE COMO, FL 32157 US

Title: MGR ( ) Delete
Name: PIATEK, NANCY M
Address: 449 LAKE COMO DR.
City-St-Zip: LAKE COMO, FL 32157 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOLESKI, DAN A
Address: 449 LAKE COMO DR.
City-St-Zip: LAKE COMO, FL 32181 US

Title: MGR (X) Change ( ) Addition
Name: PIATEK, NANCY M
Address: 449 LAKE COMO DR.
City-St-Zip: LAKE COMO, FL 32181 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN A MOLESKI MGR 02/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date