

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094089 1. Entity Name DANISH CRAFTSMAN, LLC																																		
Principal Place of Business 171 CLEAR LAKE ROAD CRESCENT CITY, FL 32112	Mailing Address 171 CLEAR LAKE ROAD CRESCENT CITY, FL 32112	 02162006No Chg-LLC CRZE083 (11/05)																																
4. rfil Number 33-1107839		Applied for ☐ Not Applicable																																
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																		
6. Name and Address of Current Registered Agent MARSKOT, IB 171 CLEAR LAKE ROAD CRESCENT CITY, FL 32112																																		
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 _____ (NOTE: Registered agent's name appears on this statement.) _____ Date _____																																		
Filing Fee is \$50.00 Due by May 1, 2006																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">MGRM</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MARSKOT, IB</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">171 CLEAR LAKE ROAD</td> </tr> <tr> <td style="padding: 2px;">CITY ST ZIP</td> <td style="padding: 2px;">CRESCENT CITY, FL 32112</td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY ST ZIP</td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY ST ZIP</td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY ST ZIP</td><td></td></tr> </table>			TITLE	MGRM	NAME	MARSKOT, IB	STREET ADDRESS	171 CLEAR LAKE ROAD	CITY ST ZIP	CRESCENT CITY, FL 32112	TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP	
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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 605, Florida Statutes.																																		
SIGNATURE: IB MARSKOT 		2/18 0-6																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE																																		