

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000015735

1. Entity Name
GREAT DANE, LLC



Principal Place of Business
14991 BLACKBIRD LANE
FORT MYERS, FL 33919 US

Mailing Address
14991 BLACKBIRD LANE
FORT MYERS, FL 33919 US



02032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-7422816	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, DELPHINE P
14991 BLACKBIRD LANE
FORT MYERS, FL 33919

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEWELL, DELPHINE P
STREET ADDRESS	14991 BLACKBIRD LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/27/07-80039-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Delphine P. Newell Date: 2/13/07 Daytime Phone #: 239-850-0492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #