


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000020652		
1. Entity Name DANTO HOLDINGS OF ST. PETE, LLC		

FILED

07 MAR -6 AM 11: 07

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14001 63RD WAY N. CLEARWATER, FL 33760	Mailing Address 14001 63RD WAY N. CLEARWATER, FL 33760
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02202007 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 20-2401401	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AMICO, ANTHONY N JR. 14001 63RD WAY N. CLEARWATER, FL 33760	
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7. Name and Address of New Registered Agent Name THOMAS C. LITTLE Street Address (P.O. Box Number is Not Acceptable) 2123 NE COACHMAN RD STE A City CLEARWATER FL Zip Code 33765	
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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 <i>Thomas Little</i> Signature, typed or printed name of registered agent and title if applicable.	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMICO, ANTHONY N JR. 14001 63RD WAY N CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMICO TREASURE ISLAND HOLDINGS INC 14001-63RD WAY N. CLEARWATER FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5/23/1</i> <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	600092060166 03/12/07--01002--003 **200.00 <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
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

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: <i>Thomas Little</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 2/23/07 Daytime Phone # 727 538269