


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90083 014 ****50.00

DOCUMENT # L05000025667	
1. Entity Name DAN POLK, LLC	

Principal Place of Business 2475 BURNELL CT NEW SMYRNA BEACH, FL 32168 US	Mailing Address 2475 BURNELL CT NEW SMYRNA BEACH, FL 32168 US
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20049837



2. Principal Place of Business 1031 BAY DRIVE	3. Mailing Address 1031 BAY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07132006 Chg-LLC CR2E083 (11/05)

City & State NEW SMYRNA BCH, FL	City & State NEW SMYRNA BCH, FL
Zip 32168	Country USA

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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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	
POLK, DANIEL L 2475 BURNELL CT NEW SMYRNA BEACH, FL 32168	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 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	MGRM POLK, DANIEL L 2475 BURNELL CT NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1031 BAY DRIVE NEW SMYRNA BCH FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 