


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 Jun 06, 2006 8:00 am
 Secretary of State

05-01-2006 90081 018 ****50.00

DOCUMENT # L05000029987			
1. Entity Name DARLEY, LLC		Principal Place of Business 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SEGAL, WILLIAM J PA 20801 BISCAYNE BOULEVARD 304 AVENTURA, FL 33180		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE: _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEFEN FLORIDA, LLC 2510 BLOSSOM LANE BEACHWOOD, OH 44122 <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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 6/10/06 <small>Daytime Phone #</small>	

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Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required