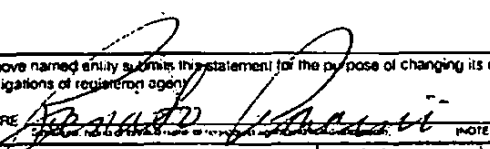
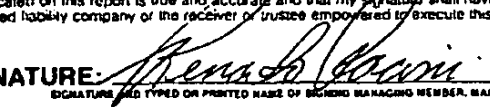


Amended

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

PENDING
04-24-2006 90068 021 *****50.00
L05000030521
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 13 PM 8:46

DOCUMENT # L05000030521			
1. Entity Name DADAN BUILDING LLC			
Principal Place of Business 10177 NW 17 STREET CORAL SPRINGS FL 33071		Mailing Address 10177 NW 17 STREET CORAL SPRINGS FL 33071	
2. Principal Place of Business 990 NW 10th St Suite, Apt. #, etc.		3. Mailing Address 2816 Brookline Ave Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State New Smyrna Bch FL	
Zip 33311		Zip 32168	
Country DRAWN		Country VOLUNIA	
4. FEI Number 56-2506506		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PACINI, RENATO 10177 NW 17 STREET CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent Name Renato PACINI Street Address (P.O. Box Number is Not Acceptable) 2816 BROOKLINE AVE City New Smyrna Bch FL Zip Code 32168	
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 registration agent.			
SIGNATURE 		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2008			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM PACINI, RENATO 10177 NW 17 STREET CORAL SPRINGS FL 33071			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete ☐		Change ☐ Addition ☐	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 		4/5/06 478-1954	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Declarer Phone #	