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

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000030521

1. Entity Name

DADAN BUILDING LLC

Principal Place of Business	Mailing Address
10177 NW 17 STREET CORAL SPRINGS FL 33071	10177 NW 17 STREET CORAL SPRINGS FL 33071

2. Principal Place of Business	3. Mailing Address
990 NW 10th St	2816 Brookline Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: New Smyrna Bch FL
Zip: 33311 Country: Broward	Zip: 32168 Country: Volousia

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 registered agent.

SIGNATURE: Renato Pacini
SIGNATURE / TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACINI, RENATO 10177 NW 17 STREET CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Renato Pacini 4/5/06 386 478-1994

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