

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000043203

1. Entity Name  
DA FAMILY HOLDINGS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 23 AM 8:53

Principal Place of Business  
2301NW 66TH TERRACE  
SUITE #5  
DAVIE, FL 33317

Mailing Address  
PO BOX 552350  
FT. LAUDERDALE, FL 33355

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26-5950402 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, JEFFREY T  
5273 SW 106TH AVE  
FT. LAUDERDALE, FL 33328

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 May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME RYAN, JEFFREY T  
STREET ADDRESS 5273 SW 106TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33328

TITLE ☐ Change ☐ Addition  
NAME 100075093901  
STREET ADDRESS 05/23/06--01030--004 \*\*\*350.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #