

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044988

Entity Name: DATURA STATION I, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

ONE RIVER PLACE #2824
NEW YORK, NY 10036

New Principal Place of Business:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432

Current Mailing Address:

ONE RIVER PLACE #2824
NEW YORK, NY 10036

New Mailing Address:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON,, FL 33432

FEI Number: 20-2796021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOD ADVISORS LLC
350 CAMINO GARDENS BLVD., STE. 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEEBE, EDMUND H
Address: ONE RIVER PLACE, #2824
City-St-Zip: NEW YORK, NY 10036 US

Title: MGRM (X) Delete
Name: BEEBE, HAMPTON
Address: ONE RIVER PLACE, #2824
City-St-Zip: NEW YORK, NY 10036 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOD ADVISORS LLC,
Address: 350 CAMINO GARDENS BOULEVARD - SUITE 102
City-St-Zip: BOCA RATON, FL 33432 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL D. MASANOFF

MGR

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date