


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 016 \*\*\*\*50.00

**DOCUMENT # L05000046015**

1. Entity Name  
**DANCANDO, L.L.C.**



Principal Place of Business 7737 N. UNIVERSITY DRIVE 104 TAMARAC, FL 33321 US	Mailing Address 7737 N. UNIVERSITY DRIVE 104 TAMARAC, FL 33321 US
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2. Principal Place of Business <b>560 w Palm Aire Drive</b>	3. Mailing Address <b>560 w Palm Aire Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02242006 Chg-LLC CR2E083 (11/05)

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach FL</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country <b>Broward</b>	Country <b>Broward</b>

4. FEI Number <b>20-2848307</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEWIS, DANIEL J**  
**7737 N. UNIVERSITY DRIVE**  
**104**  
**TAMARAC, FL 33321**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**560 w Palm Aire Drive**

City **Pompano Beach** FL Zip Code **33069**

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: *[Signature]* DATE: **2/27/06**

Signature required only if not a registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 4, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, DANIEL J 7737 N. UNIVERSITY DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTOR, HERBERT A 7737 N. UNIVERSITY DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 560 w Palm Aire Drive Pompano Beach FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1902 NW 109 Lane Parkland, FL 33076
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **2/27/06** DAYTIME PHONE #: **954 695 3098**

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