2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057439

AZMI, AHARON

P.O. BOX 670042

City-St-Zip: CORAL SPRINGS, FL 33067 US

Name:

Address:

Entity Name: DANON ATZMI ENTERPRISES, LLC

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
013	T ATLANTIC A		·	
DELRAY BEACH, FL 33444 US Current Mailing Address:			New Mailing Address:	
401 WEST ATLANTIC AVENUE				
013				
	BEACH, FL 33			
FEI Number	: 20-3484904	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
013	ROI FATLANTIC A BEACH, FL 33			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	DANON, ROI 401 WEST AT) Delete LANTIC AVE. # 013 CH, FL 33444 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DANON, YAFIT 4779 COLLINS		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AZMI, SARA `) Delete ARY DRIVE #S3K FL 33319 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROI DANON MGR 01/06/2007