
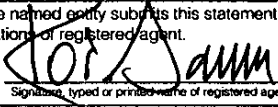
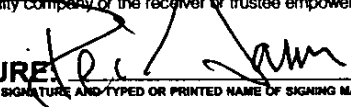


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90054 018 ***138.75

DOCUMENT # L05000057439 1. Entity Name DANON ATZMI ENTERPRISES, LLC			
Principal Place of Business 401 WEST ATLANTIC AVENUE 013 DELRAY BEACH, FL 33444 US		Mailing Address 401 WEST ATLANTIC AVENUE 013 DELRAY BEACH, FL 33444 US	
2. Principal Place of Business - No P.O. Box # 401 W. ATLANTIC AVE		3. Mailing Address 401 W. ATLANTIC AVE	
Suite, Apt. #, etc. R-12		Suite, Apt. #, etc. R-12	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33444 Country USA		Zip 33444 Country USA	
4. FEI Number 20-3484904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANON, ROI 401 WEST ATLANTIC AVENUE 013 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name DANON, ROI Street Address (P.O. Box Number is Not Acceptable) 401 W. ATLANTIC AVE, SUITE R-12 City DELRAY BEACH FL 33444	
8. The above named party 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  ROI DANON DATE 7/6/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANON, ROI 401 WEST ATLANTIC AVE. # 013 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANON, ROI 401 W. ATLANTIC AVE, SUITE R-12 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANON, YAFIT 4779 COLLINS AVE # 4202 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANON YAFIT 3131 NE 188th ST., APT. 1502 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, SARA 3710 INVERRARY DRIVE # S3K LAUDERHILL, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON 2056 ALTA MEADOWS LANE, APT. 2302 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON P.O. BOX 670042 CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON 2056 ALTA MEADOWS LANE, APT. 2302 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON P.O. BOX 670042 CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON 2056 ALTA MEADOWS LANE, APT. 2302 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON P.O. BOX 670042 CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZMI, AHARON 2056 ALTA MEADOWS LANE, APT. 2302 DELRAY BEACH, FL 33444
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  ROI DANON		DATE 7/6/08 DAYTIME PHONE # (954) 650-3768	