## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000067557

Entity Name: DANORILLC

City-St-Zip: PORT ST LUCIE, FL 34986

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2508 S. E. APT B-1	ANCHORAGE COVE			
PORT ST	LUCIE, FL 34952			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
2508 S. E. APT B-1	ANCHORAGE COVE			
	LUCIE, FL 34952			
FEI Number:	: FEI Number Applied For	( ) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		nt: Name and Address o	Name and Address of New Registered Agent:	
APT B-1 PORT ST The above	ANCHORAGE COVE LUCIE, FL 34952 US named entity submits this statement fo e of Florida.	or the purpose of changing its registere	d office or registered agent, or both	
Electronic Signature of Registered Age		ed Agent	ent Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete BERNSTEIN, TORI 2508 E.E. ANCHORAGE COVE PORT ST LUCIE, FL 34952	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete DELCO, 1920 COVE CIRCLE STUART, FL 34994	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MGRM () Delete SHARKCO, 1151 GREENBRIAR COVE	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: TORI BERNSTEIN MGRM 02/11/2008