
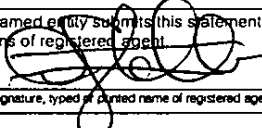
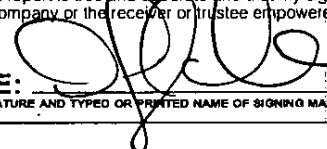


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90046 031 \*\*\*\*50.00

<b>DOCUMENT # L05000089351</b> 1. Entity Name DA1642, LLC.																																							
Principal Place of Business 13790 NW 4TH STREET 106 SUNRISE, FL 33325 US		Mailing Address 13790 NW 4TH STREET 106 SUNRISE, FL 33325 US																																					
2. Principal Place of Business 601 NW 155 Terrace Suite, Apt. #, etc. —		3. Mailing Address 601 NW 155 Terrace Suite, Apt. #, etc. —																																					
City & State Pembroke Pines, FL Zip 33028 Country U.S.A.		City & State Pembroke Pines, FL Zip 33028 Country USA																																					
4. FEI Number 65-1270994		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																					
8. Name and Address of Current Registered Agent ADLER, DEAN 13790 NW 4TH STREET 106 SUNRISE, FL 33325		7. Name and Address of New Registered Agent Name ADLER, DEAN Street Address (P.O. Box Number is Not Acceptable) 601 NW 155 Terrace City Pembroke Pines FL Zip Code 33028																																					
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  DEAN ADLER (4-9-06) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:55%;">MGRM ADLER, DEAN 13790 NW 4TH STREET SUNRISE, FL 33325</td> <td style="width:10%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR KENNEDY, DANIEL 300 MONROE STREET HOLLYWOOD, FL 33019</td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Delete <input type="checkbox"/></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, DEAN 13790 NW 4TH STREET SUNRISE, FL 33325	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, DANIEL 300 MONROE STREET HOLLYWOOD, FL 33019	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:55%;">MGRM ADLER, DEAN 601 NW 155 TERRACE Pembroke Pines FL 33028</td> <td style="width:10%; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, DEAN 601 NW 155 TERRACE Pembroke Pines FL 33028	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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:  4-9-06 (9) 649-2966 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																							

20039844



03232006 Chg-LLC CR2E083 (11/05)