

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103858

Entity Name: DANLO PROPERTIES, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

320 NORTH SEA LAKE LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

6903 MERRILL ROAD
JACKSONVILLE, FL 32277

Current Mailing Address:

320 NORTH SEA LAKE LANE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

6903 MERRILL ROAD
JACKSONVILLE, FL 32277

FEI Number: 20-4078470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWINGER, DANIEL D
320 NORTH SEA LAKE LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

FSI CONSULTING, INC.
6903 MERRILL ROAD
JACKSONVILLE, FL 32277 US

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.

SIGNATURE: FSI CONSULTING, INC.

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: CANAL CAPITAL GROUP,, INC.
Address: 320 NORTH SEA LAKE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MM () Change (X) Addition
Name: FSI CONSULTING, INC.,
Address: 6903 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

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.

SIGNATURE: DANIEL LOWINGER

MM

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date