

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90399 036 ***138.75

60011815



DOCUMENT # L05000120411 1. Entity Name DANCE HEADS FLORIDA, L.L.C.					
Principal Place of Business 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232			Mailing Address 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 2201 Cantu Court		3. Mailing Address 2201 Cantu Court			
Suite, Apt. #, etc. Suite 218		Suite, Apt. #, etc. Suite 218			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34232	Country USA	Zip 34232	Country USA	4. FEI Number 20-3980114	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENBERG, RONALD 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENBERG, RONALD 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENBERG, RONALD 2201 CANTU COURT, SUITE 218 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u><i>Kendall Stone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/26/2008 (941) 556-2800 <small>Date Daytime Phone #</small>		