


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90052 021 ****50.00

DOCUMENT # L06000029923 1. Entity Name DA-LAR LLC					
Principal Place of Business 411 LONE PALM DR. LAKELAND, FL 33815			Mailing Address 411 LONE PALM DR. LAKELAND, FL 33815		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MORRELL, EDUARDO F 187 LAKE MORTON DR. LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 01-0868180		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
\$5.00 Additional Fee Required			04182007 Chg-LLC CR2E083 (12/06)		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, LARRELL I 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, DALE 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSSAK, AMBER 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, SHANE I 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, SHANE I 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, SHANE I 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, SHANE I 411 LONE PALM DR. LAKELAND, FL 33815	<input type="checkbox"/> Delete			
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: <i>James R. Bates, member</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/25/07 Daytime Phone #: 434-906-2286					