

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063827

FILED
Mar 17, 2008
Secretary of State

Entity Name: DANICA ASSOCIATES LLC

Current Principal Place of Business:

6252 FLORIDIAN CIR
LAKE WORTH, FL 33463

New Principal Place of Business:

12557 EQUINE LANE
WELLINGTON, FL 33414

Current Mailing Address:

6252 FLORIDIAN CIR
LAKE WORTH, FL 33463

New Mailing Address:

12557 EQUINE LANE
WELLINGTON, FL 33414

FEI Number: 03-0597622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLER, RITA
6252 FLORIDIAN CIR
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

WELLER, RITA
12557 EQUINE LANE
WELLINGTON, FL 33463 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:

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLER, RITA
Address: 6252 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR () Delete
Name: HURT, JACK
Address: 6252 FLORIDIAN CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLER, RITA
Address: 12557 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: HURT, JACK
Address: 12557 EQUINE LANE
City-St-Zip: LAKE WORTH, FL 33414

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.

SIGNATURE: RITA WELLER

MMBR

03/17/2008

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