

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077650

Entity Name: DANIA CUT ANNEX, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

760 NE 7TH AVE
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

3301 S. ANDREWS AVE
SUITE 8
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 35-2275254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARCHER, MICHAEL R
1500 SAN REMO AVE
SUITE 235
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRENTICE, JAMES S
Address: 1323 SE 17TH STREET. SUITE 103
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGR () Delete
Name: FICAROTTA, CHARLES J
Address: 3301 S. ANDREWS AVENUE, BAY 8
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: FICAROTTA, MERRY E
Address: 3301 S. ANDREWS AVENUE, BAY 8
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MERRY E FICAROTTA

MGR

01/22/2008

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