


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 042 ***143.75

DOCUMENT # L07000011442

1. Entity Name
THE DANTON GROUP REAL ESTATE LLC




Principal Place of Business
2101 VISTA PARKWAY 4006
WEST PALM BEACH, FL 33411

Mailing Address
2101 VISTA PARKWAY 4006
WEST PALM BEACH, FL 33411

50004709

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-3507508 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DANTON, RICHARD
225 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

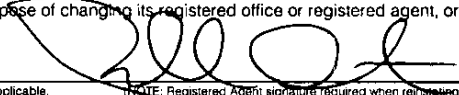
7. Name and Address of New Registered Agent

Name **Richard Danton**

Street Address (P.O. Box Number is Not Acceptable)
2101 VISTA PARKWAY - SUITE 224

City **WEST PALM BEACH FL** Zip Code **33411**

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: **Richard Danton**  DATE: **4-15-08**

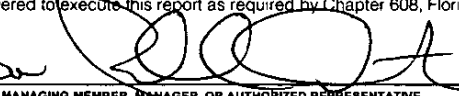
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	MGR DANTON, RICHARD 225 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANTON, RICHARD 2101 VISTA PARKWAY - SUITE 224 WEST PALM BEACH, FL 33411	<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
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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: **Richard Danton**  DATE: **4-15-08** DAYTIME PHONE #: **561309-8726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE