

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029760

FILED
Mar 27, 2009
Secretary of State

Entity Name: DARCO COMMERCIAL PROPERTY DEVELOPMENT, LLC

Current Principal Place of Business:

3328 1/2 S. PENINSULA DR
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

3328 1/2 S. PENINSULA DR
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 20-8665886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONYA L LANEY PA
116 E DUNLAWTON BLVD
SUITE 3
DAYTONA BEACH, FL 32118 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: MGRM () Delete
Name: DENNISON, WILLIAM SR.
Address: 3036 S PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM () Delete
Name: WYMER, ROBERT
Address: 625 MILLBROOK DRIVE
City-St-Zip: DOWNERS GROVE, IL 60516

Title: MGRM () Delete
Name: DENNISON, WILLIAM JR
Address: 3328 1/2 S PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: WILLIAM E. DENNISON JR.

MGRM

03/27/2009

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