## 2005 LIMITED LIABILITY COMPANY

**FILED** Anr 14, 2005 08:00 AM

	ANNUAL	REPURI		. Apr 14	, 2005 08:00 A
1. Entity Name DACO INV	VESTORS, L.C.			Seci	retary of State
Principal Place 6893 SW 181 # 201 BOCA RATON		Mailing Address PO BOX 4877 DEERFIELD BEACH, FL 33442	2		ININ MBIN EMIN NAME NEBO NEBON NE COM
			Service Service Co. Co.		
D	O NOT WRITE	IN THIS SPA	E	02112005 No Chg-LLC	CR2E083 (10/03)    Applied For
				65-0492575  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional Fee Required
	5. Name and Address of Current Re	egistered Agent			
7910 TENN	NE, DEBORAH E NYSON CT. FON, FL 33433			DO NOT WE	
R The char-	named entity submits this statement for t	he ourneed of shedelph he rect-t-	rod office or register	rad arount or both in the Class of Fig.	da Lam familiar with and accent
the obligati	named entity submits this statement for t ions of registered agen	ne purpose of changing its registe	rea onice or register	red agent, or both, in the State of Florid	da. I am tamiliar with, and accept
SIGNATURE THE THE TONE				9	15/05
	Signature, typed or printed name of registered agent and	title if applicable (NOTE Register	ed Agent signature required		DATE
Filing Fee is \$50.00 Due by May 1, 2005				UOOOO	0 <u>30576</u> 7
9.	MANAGING MEMBER	S/MANAGERS			-88097-014 SU.CO
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR EPSTEIN, JOANNE 8950 WESTPARK #312 HOUSTON, TX 77063	a. a fine	<u> </u>	The Part Sale American Transport Con-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM EVERGREEN REALTY CORPORA P.O. BOX 630923 N/A HOUSTON, TX 77263	TION OF TEXAS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			==	DO NOT WI	· <del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				ere <del>s</del> for the original of	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #