

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90073 004 \*\*\*\*50.00

**20023973**



01232006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L94000000211</b> 1. Entity Name <b>DACO INVESTORS, L.C.</b>					
Principal Place of Business <b>6893 SW 18TH ST # 201 BOCA RATON, FL 33433</b>			Mailing Address <b>PO BOX 4877 DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>399 W. CAMINO GARDENS BL Suite, Apt. #, etc. # 307</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL</b>		City & State			
Zip <b>33432</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>65-0492575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIRESTONE, DEBORAH E 7910 TENNYSON CT. BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EPSTEIN, JOANNE 8950 WESTPARK #312 HOUSTON, TX 77063</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM EVERGREEN REALTY CORPORATION OF TEXAS P.O. BOX 630923 N/A HOUSTON, TX 77263</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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	
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.					
<b>SIGNATURE: <u>Debbie Firestone</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/13/06 561-447-7945</b> <small>Date Daytime Phone #</small>		