


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # L97000000968**

1. Entity Name  
**DANIELS ROAD INVESTMENTS, L.L.C.**



Principal Place of Business 1833 HENDRY ST. FT. MYERS, FL 33901	Mailing Address 1833 HENDRY ST. FT. MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 58-2471704	Applied For Not Applied
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAVESE, FRANK A  
 1833 HENDRY ST.  
 FT. MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHN D. DESPREZ REVOCABLE TRUST P.O. BOX 9950 CANTON, OH 447110950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CAROLINE H. DESPREZ REVOCABLE TRUST P.O. BOX 9950 CANTON, OH 447110950
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 02/04/05-80002-023 50.00

I, \_\_\_\_\_ hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **KEYBANK NATIONAL ASSOCIATION** **VICE PRESIDENT & TRUST OFFICER**

Date: **4/21/05** Daytime Phone #: **330-489-5410**