


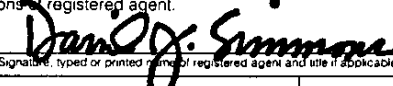
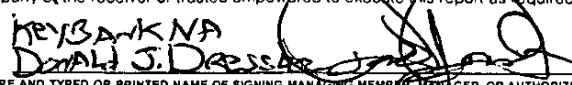
**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90108 013 ****55.00

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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		
2. Principal Place of Business 4690 Munson Street NW		3. Mailing Address 4690 Munson Street NW		
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B		
City & State Canton, Ohio		City & State Canton, OH		
Zip 44718-3636	Country U.S.A.	Zip 44718-3636	Country U.S.A.	4. FEI Number 58-2471704 Applied For Not Applicable
6. Name and Address of Current Registered Agent PAVESE, FRANK A 1833 HENDRY ST. FT. MYERS, FL 33901				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent Name David J. Simmons Street Address (P.O. Box Number is Not Acceptable) 800 Laurel Oak Drive Suite 600 City Naples FL Zip Code 34108
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 		David J. Simmons		08/11/2006
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
Filing Fee is \$50.00 -- Due by September 6, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JOHN D. DESPREZ REVOCABLE TRUST P.O. BOX 9950 CANTON, OH 447110950 <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	MEM CAROLINE H. DESPREZ REVOCABLE TRUST P.O. BOX 9950 CANTON, OH 447110950 <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	
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	
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.				
SIGNATURE: 		8/24/06		330 489-5410
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>