

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

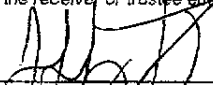
FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001924					
1. Entity Name DALAN & KATZ, P.L.					
Principal Place of Business 2633 MCCORMICK DRIVE, SUITE 101 CLEARWATER FL 33759			Mailing Address 2633 MCCORMICK DRIVE, SUITE 101 CLEARWATER FL 33759		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALAN, RICK 2633 MCCORMICK DRIVE, SUITE 101 CLEARWATER FL 33759				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____					
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
				U000000202036 01/28/05-80093-001 50.00	
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM			☐ Delete	
NAME	DALAN, RICK				
STREET ADDRESS	2633 MCCORMICK DRIVE, SUITE 101				
CITY- ST- ZIP	CLEARWATER FL 33759				
TITLE	MGRM			☐ Delete	
NAME	KATZ, JEFFREY M				
STREET ADDRESS	2633 MCCORMICK DRIVE, SUITE 101				
CITY- ST- ZIP	CLEARWATER FL 33759				
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					



1st MOORE CR2E083 (10/04)
4. FEI Number 59-3533660 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **Jeffrey M. Katz** 1/25/05 727-794-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #