

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001924

Entity Name: DALAN & KATZ, P.L.

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

2633 MCCORMICK DRIVE, SUITE 101  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2633 MCCORMICK DRIVE, SUITE 101  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 59-3533660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALAN, RICK  
2633 MCCORMICK DRIVE, SUITE 101  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DALAN, RICK  
Address: 2633 MCCORMICK DRIVE, SUITE 101  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM ( ) Delete  
Name: KATZ, JEFFREY M  
Address: 2633 MCCORMICK DRIVE, SUITE 101  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DALAN, RICK ESQ.  
Address: 2633 MCCORMICK DRIVE, SUITE 101  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM (X) Change ( ) Addition  
Name: KATZ, JEFFREY M ESQ.  
Address: 2633 MCCORMICK DRIVE, SUITE 101  
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICK DALAN

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date