

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003297

1. Entity Name

DANCONIA ENTERPRISES, L.L.C.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90084 007 ****50.00

956918



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1401 KIMDALE STREET LEHIGH ACRES FL 33936		Mailing Address 1401 KIMDALE STREET LEHIGH ACRES FL 33936	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0929319		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, FRED J 1401 KIMDALE STREET LEHIGH ACRES FL 33936		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MEM WOZNEY, PAUL 1133 BAL HARBOR BLVD #1139 PUNTA GORDA FL		MEM ANDERSON, FRED 1401 KIMDALE STREET LEHIGH ACRES FL	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WOZNEY, PAUL 1133 BAL HARBOR BLVD #1139 PUNTA GORDA FL <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 ANDERSON, FRED 1401 KIMDALE STREET LEHIGH ACRES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fred Anderson 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)