

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90036 023 ****50.00

DOCUMENT # L99000009292

1. Entity Name
D'ASIGN DEVELOPMENTS LLC



Principal Place of Business
11500 OVERSEAS HIGHWAY
MARATHON, FL 33050

Mailing Address
11500 OVERSEAS HIGHWAY
MARATHON, FL 33050

14002178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092005 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-0529929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JERRY
201 FRONT STREET, SUITE 203
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME D'ASCANIO, ANTHONY
STREET ADDRESS 204 A. ANGLERS DR.
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☒ Change ☐ Addition
NAME 11500 OVERSEAS HWY
STREET ADDRESS MARATHON, FL 33050
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME D'ASCANIO, AMEDEO
STREET ADDRESS 295 14TH STREET
CITY-ST-ZIP KEY COLONY BEACH, FL 33051

TITLE ☒ Change ☐ Addition
NAME 11500 OVERSEAS HWY
STREET ADDRESS MARATHON, FL 33050
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME D'ASCANIO, FRANCO
STREET ADDRESS 431 2ND STREET
CITY-ST-ZIP KEY COLONY BEACH, FL 33051

TITLE ☒ Change ☐ Addition
NAME 11500 OVERSEAS HWY
STREET ADDRESS MARATHON, FL 33050
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/05 305-743-7130