

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000241

Entity Name: DARLEANE 2, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

965 KELLER RD  
ALTAMONTE SPRINGS, FL 81435

**New Principal Place of Business:**

**Current Mailing Address:**

963 WAPITI RD.  
TELLURIDE, CO 81435

**New Mailing Address:**

FEI Number: 01-0577417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWE, OSMOND  
501 BRICKELL KEY DR.,M #504  
MIAMI, FL FL3313125 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: MGR ( ) Delete  
Name: IRELAND, JUD  
Address: P.O. BOX 689  
City-St-Zip: TELLURIDE, CO 81435

Title: MGRM ( ) Delete  
Name: OLIVAS OWNERS, LLC,  
Address: 963 WAPITI RD.  
City-St-Zip: TELLURIDE, CO 81435

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUD IRELAND

MGRM

04/28/2008

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