


FILED
May 23, 2005 8:00 am
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

04-27-2005 90032 016 ****50.00

DOCUMENT # L02000001808					
1. Entity Name DAISY INVESTMENTS, L.L.C.					
Principal Place of Business 200 BAYOU BLVD. PENSACOLA, FL 32503 3141 OAK SHADOW LN PENSACOLA, FL 32504			Mailing Address 200 BAYOU BLVD. PENSACOLA, FL 32503 SAME		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 80-0028174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent MCABEE, SYDNEY 3141 OAK SHADOW LANE PENSACOLA, FL 32504			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 <i>Sydney Mcabee</i>			DATE 4-23-05		
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLENBER MCABEE, SYDNEY				
STREET ADDRESS	200 BAYOU BLVD.				
CITY - ST - ZIP	PENSACOLA, FL 32503 SAME AS				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Sydney Mcabee</i>			DATE: 4-24-05		DAYTIME PHONE #: 850-438-0176
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>DATE</small>		<small>Daytime Phone #</small>

30007064

