


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003263
 1. Entity Name
 DIGITAL AERIAL SOLUTIONS, LLC



Principal Place of Business 8409 LAUREL FAIR CIRCLE 100 TAMPA, FL 33610 US	Mailing Address 8409 LAUREL FAIR CIRCLE 100 TAMPA, FL 33610 US
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02212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 47-0907854	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WASIELEWSKI, CASEY J
 9428 EDDINGS RD
 TAMPA, FL 33556

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASIELEWSKI, MICHAEL C 8409 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610
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 04/21/06-80006-015 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE: [Signature] Date: 6 April 06 (813) 628-0738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #