

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033287

FILED
Jul 11, 2006
Secretary of State

Entity Name: DAFOOT, LLC

Current Principal Place of Business:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANCH, ELMER R III
1028 N US 1
ORMOND BEACH, FL 32168 US

Name and Address of New Registered Agent:

2020 FINANCIAL ADVISERS, LLC
345 CLYDE MORRIS BLVD
SUITE 460
ORMOND BEACH, FL 32168 US

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: ROBERT BRANCH, CHFC, CFP

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWOFFORD, ROBERT G JR
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: SWOFFORD, SHARON
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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 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: ROBERT G. SWOFFORD JR

MRGM

07/11/2006

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