2005 LIMITED LIABILITY COMPANY

FILED Apr 19, 2005 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # M02000000437							04-19-200	os 90017 0	27 ****	*50.00
1. Entity Name DAY LAND HOLDINGS LLC										
DAY LAN	ID HOLDII	NGS LLC		機工						
				1	STEEL .					
Principal Plac	e of Business		Mailing Address	<u> </u>			200	2440		
200 COURT ST., STE. 3			200 COURT ST., STE. 3			20037724				
MIDDLETOW	N, CT 06457		MIDDLETOWN, CT 064	57						
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	lace of Busine		3. Mailing Address 82 Wild De	of Dand						
82 Wild Duck Road Suite, Apt. #, etc.		82 Wild Duck Road Suite, Apt. #, etc.			0.4000005					
						04062005	Chg-LLC	CR2E083	3 (10/03)	
City & Stat	incord	CT	Stamford	CT		4. FEI Number 51-0009			<u> </u>	oplied For ot Applicable
Zip	mpor G	Country	Zip	Country			of Status Desired		5.00 Add	
0690		<u> </u>	୦୯୩୯3	USA			· · · · · · · · · · · · · · · · · · ·	□ Fe	e Require	
	6. Name	and Address of Current I	Registered Agent	Name	.	7. Name and	Address of New R	legistered Ag	ent	
DAY, HAR					11	0 D N (
129 WIST	eria dr. Od, fl. 32	770		Street A	daress (P.	O. Box Numbe	er is Not Acceptable	9)		
LONGINO	OD, 1 E 02	773								
				City				FL	Zip Code	e
8. The above	named entity	submits this statement for	the purpose of changing its	registered office or	r registerer	d agent or bot	h, in the State of Flo		niliar with	and accent
the obligat	tions of registe	ered agent.			- •		.,			
SIGNATURE	Cincil on America									
			nod title if enalizable (NICT)	E- Denirterert Annet einnet				DATE		
,		or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signat	ure required w	hen reinstating)	. ,	DATE		
Ęi	iling Fee is	s \$50.00	nd title if applicable. (NOTI	E: Registered Agent signat	ure required w	hen reinstating)	,	e check pay		
, Fi D		s \$50.00	nd title if applicable. (NOTI	E: Registered Agent signat	ure required w	hen reinstating)	,		t of State	•
9.	iling Fee is	s \$50.00		E: Registered Agent signat			,	e check pay Departmen		9
9.	iling Fee is ue by May	s \$50.00 1, 2005 MANAGING MEMBE		10. TITLE	MGRI	n	Florid:	e check pay Department	t of State	e ☐ Addition
9. IITLE NAME	iling Fee is ue by May MGRM DAYPART	s \$50.00 1, 2005 MANAGING MEMBE	RS/MANAGERS	10. TITLE NAME	MGRI Double	M NOT LLC	ADDITIONS.	e check pay Department	of State	
9.	MGRM DAYPART 200 COUR	s \$50.00 1, 2005 MANAGING MEMBE	RS/MANAGERS	10. TITLE	MGRI Double	n	ADDITIONS	e check pay a Department CHANGES	of State	
9. IITLE NAME STREET ADDRESS	MGRM DAYPART 200 COUR	S \$50.00 1, 2005 MANAGING MEMBER LLC RT ST., STE. 3	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRI Double	M NOT LLC	ADDITIONS.	e check pay a Departmen	of State	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	MGRM DAYPART 200 COUR	S \$50.00 1, 2005 MANAGING MEMBER LLC RT ST., STE. 3	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRI Double	M NOT LLC	ADDITIONS	e check pay a Departmen	Change	☐ Addition
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Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

GNATURE:

A 18 05 (2-03) 333 - 03

SIGNATURE: Day Day Day Day LLC
SIGNATURE AND TYPED OR PRINCE NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE