

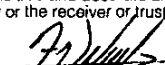


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90152 033 ****50.00

DOCUMENT # L00000005723						
1. Entity Name DAFA SERVICES, L.C.						
Principal Place of Business 1030 HENSON CT OVIEDO, FL 32765			Mailing Address 1030 HENSON CT OVIEDO, FL 32765			
2. Principal Place of Business 1900 ASHLAND TRL Suite, Apt. #, etc.		3. Mailing Address 1900 ASHLAND TRL Suite, Apt. #, etc.				
City & State OVIEDO, FL		City & State OVIEDO, FL				
Zip 32765		Zip 32765				
Country U.S.A.		Country U.S.A.				
4. FEI Number 52-2257322						Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent DELGADO, FRANCISCO J 1030 HENSON CT OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1900 ASHLAND TRL City OVIEDO FL Zip Code 32765			
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 _____ 01/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO, FRANCISCO J 1030 HENSON CT OVIEDO, FL 32765		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO, FRANCISCO J. 1900 ASHLAND TRL. OVIEDO, FL 32765	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 608, Florida Statutes.						
SIGNATURE:  FRANCISCO DELGADO 01/25/06 (407) 405 0606						