

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90133 022 \*\*\*\*50.00

**DOCUMENT # L00000012976**

1. Entity Name  
**DAEDALUS HOLDING COMPANY, L.L.C.**



Principal Place of Business  
**4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33912**

Mailing Address  
**4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33912**

**20024023**



2. Principal Place of Business  
**4460-1 CAMINO REAL WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**4460-1 CAMINO REAL WAY**  
Suite, Apt. #, etc.

03032005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**65-1048688**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURTAGH, LYNN  
4460-2 CAMINO REAL WAY  
FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4460-1 CAMINO REAL WAY**

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE V ☐ Delete  
NAME **MURTAGH, LYNN R**  
STREET ADDRESS **4460-2 CAMINO REAL WAY**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE MEM ☐ Delete  
NAME **WILSON, JAMES**  
STREET ADDRESS **2610 SW 51ST STREET**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/22/05 239.5363005**