2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 28, 2007 8:00 am Secretary of State **DOCUMENT # L00000012976** 02-28-2007 90150 031 ****50.00 DAEDALUS HOLDING COMPANY, L.L.C. Principal Place of Business Mailing Address 60019870 4460-1 CAMINO REAL WAY 4460-1 CAMINO REAL WAY FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1048688 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required d. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURTAGH, LYNN Street Address (P.O. Box Number is Not Acceptable) 4460-1 CAMINO REAL WAY FORT MYERS, FL 33912 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE TITLE Change ☐ Addition ☐ Delete DAEDALUS Holding Company LIC MURTAGH, LYNN R NAME NAME 4460-1 CAMINOREAL WAY STREET ADDRESS 4460-1 CAMINO REAL WAY STREET ADDRESS FORT MYERS, FL 33912, CITY-ST-ZIP CITY-ST-ZIP. FORT MUERS Delete TITLE Change ☐ Addition TITLE MURTAGH. NAME WILSON, JAMES NAME 4460-1 CAMINO REAL WAY STREET ADDRESS **2610 SW 51ST STREET** STREET ADDRESS CAPE CORAL, FL 33914 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED

212407

2391363005 Daytime Phone #