


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002580 1. Entity Name DAYVAULT LLC	
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Principal Place of Business 5328 GLENMORE DRIVE LAKELAND, FL 33813	Mailing Address 5328 GLENMORE DRIVE LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3702289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAYVAULT, JAMES C 5328 GLENMORE DRIVE LAKELAND, FL 33813
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**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAYVAULT, MARTHA S 5328 GLENMORE DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMES, SUSAN D 914 SUCCESS AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAYVAULT, JAMES C 5328 GLENMORE DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMES, J. RICHARD 914 SUCCESS AVE. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000322109
04/21/05-80105-010 50.00

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:  **4/18/05** **863-646-5021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #