2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010193

1. Entity Name
DAYHOFF, LLC



Principal Place of Business

802 NORTH BELCHER ROAD CLEARWATER, FL 33765 Mailing Address

802 NORTH BELCHER ROAD CLEARWATER, FL 33765

FILED

2004 JUL -9 PM 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3726344 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GULECAS, JAMES F ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS TITLE MGR LELE, UDAY NAME STREET ADDRESS 802 NORTH BELCHER ROAD CITY-ST-ZIP CLEARWATER, FL 33765 TITLE NAME STREET ADDRESS

DO NOT WRITE

04/20/04-90182-009-1\$50 0C

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 relief to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

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

Date

Daytime Phone #