

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010193

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: DAYHOFF, LLC

**Current Principal Place of Business:**

1200 WALNUT HILL LANE  
SUITE 1700  
IRVING, TX 75038

**New Principal Place of Business:**

**Current Mailing Address:**

1200 WALNUT HILL LANE  
SUITE 1700  
IRVING, TX 75038

**New Mailing Address:**

FEI Number: 59-3726344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEREZ, JOSE J  
Address: 1200 WALNUT HILL LN  
City-St-Zip: IRVING, TX 75038

Title: MGR ( ) Delete  
Name: ARIAS, LAURO A  
Address: 1200 WALNUT HILL LN  
City-St-Zip: IRVING, TX 75038

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PRIEGO, ELISA  
Address: 1200 WALNUT HILL LN  
City-St-Zip: IRVING, TX 75038

Title: MGR (X) Change ( ) Addition  
Name: PANIAGUA, JUAN M  
Address: 1200 WALNUT HILL LN  
City-St-Zip: IRVING, TX 75038

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELISA PRIEGO

MGR

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date