

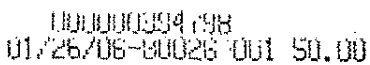
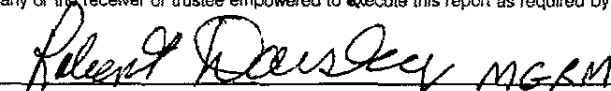


Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018607 1. Entity Name DAISLEY FAMILY LLC				Jan 23, 2006 08:00 A Secretary of State	
Principal Place of Business 1906 HILLSDALE PLACE SARASOTA, FL 34231		Mailing Address 1906 HILLSDALE PLACE SARASOTA, FL 34231			
DO NOT WRITE IN THIS SPACE					
				01062006No Chg-LLC CR2E083 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 02-0560861	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAISLEY, RUTH O 1906 HILLSDALE PLACE SARASOTA, FL 34231				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAISLEY, ROBERT 1906 HILLSDALE PL SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LYONS, SUSANNE PO BOX 1406 ROSS, CA 94947				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAISLEY, JANET 32 WOODLOT ROAD AMHERST, MA 01002				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAISLEY, WILLIAM 11786 HARBORSIDE CIRCLE N LARGO, FL 33773				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAISLEY, DONALD 6425 ESQUIRE DR ELDERSBURG, MD 21784				
TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  MGRM				1/21/06 9419235142	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	