LIMITED LIABILITY COMPANY

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| UNIFORM BUSINESS REPORT (UBR) | | | | | | May 30, 2002 8:00 an | | | |
|--|----------------|------------------------------------|---|--------------------------------|----------------------------------|--|---------------------|-------------------------------|--|
| DOCUMENT # L01000021728 1. Entity Name | | | | | | Secretary of State 05-30-2002 91595 015 ****50.00 | | | |
| D.A. I | DECISIO | ON, LLC | | | | | | | |
| | DO N | IOT WRIT | E IN THIS S | SPAC | E | | | · | |
| 2. Principal Place of Business 3 /239 E. Cate Cate Cate Suite, Apt. #, etc. | | | 3. Mailing Address 1 2 39 65 64 Suite, Apt. #, etc. | ke cyo | VOR | DO NOT WRITE IN THIS SPACE | | | |
| City & State maitland, FL | | | City & State maitland | | | | | Applied For Not Applicable | |
| 32751 Country | | 32751 | | | 5. Certificate of Status Desired | | | | |
| | D | O NOT V | WRITE | | Name | lame and Address of Current I | | ant | |
| : | N THIS S | PACE | E | | 39 E. Cake copy of R | | | | |
| 8. The above | e named entity | submits this statemen | t for the purpose of changing | ite ragietar | | ice or registered agent, or both, in the State of Florida. | | | |
| SIGNATURE | - | or printed name of registered ac | 7 | <u> </u> | | _ | 124/07 DATE | | |
| | | , | Make Check I | FEE IS Payable to DUE BY | Department of Sta | ite | | | |
| 9. | | MANAGING MEM | IBERS/MANAGERS | | * * | | | | |
| TITLE | mana | ey s. G.a E. Lake C Hand, FC | china | TITLE | 4 | | | | |
| NAME STREET ADDRESS | 1730 | e lake C | dow dr | NAM! STRE | E ET ADDRESS | | | | |
| CITY-ST-ZIP | ma | Hand, FC | 32751 | | -ST-ZIP | | | | |
| TITLE | ,, | | | TITLE | | | | | |
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| TITLE | | | <u> </u> | TITLE | | | | | |
| NAME | | | | NAME | | | | | |
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| CITY-ST-ZIP | | | <u></u> | | ST-ZiP | | | | |
| TITLE NAME | | | | TITLE NAME | 1 | IN THIS SPACE | | | |
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| CITY-ST-ZIP | | | | | T ADDRESS ST-ZIP | | | | |
| TITLE | | | | TITLE | | | | | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | , | |
| CITY-ST-ZIP | | | | CDY- | ST-ZIP | | | | |

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:

5/24/02 407-252-4750