2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 12, 2004 8:00 am Secretary of State DOCUMENT # L03000036733 1. Entity Name 03-12-2004 90231 040 ****50.00 DAB INVESTMENTS, LLC Principal Place of Business Mailing Address 9311 SOLAR DRIVE 9311 SOLAR DRIVE **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For 43-2029596 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ... ______ CASTELLANO, NELSON T Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 3700 **TAMPA FL 33602** City Zip Code 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change ☐ Addition Delete YOUNG, ANDREW J NAME STREET ADDRESS 9311 SOLAR DRIVE STREET ADDRESS TAMPA FL 33619 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition VOELKER, DAVID A NAME NAME STREET ADDRESS 9311 SOLAR DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619 CITY-ST-7IP TITLE Delete TITLE ☐ Change MAddition A Voelker, David A. 9311 Solar Drive NAME -NAME -YOUNG, ANDREW J STREET ADDRESS STREET ADDRESS 9311 SOLAR DRIVE Tampa FL 33619 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Change Addition A TITLE Delete TITLE Young, Androw J 9311 Solan Drive CALLAGHAN, WILLIAM J NAME STREET ADDRESS 9311 SOLAR DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP 2moz FL 33619 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED