03/14/2005 12:09 FAX 5616507330 CORPORATE OFFICE

FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90096 034 ****50.00

2005 LIMIT :D LIABILITY COMPANY AI NUAL REPORT

DOCUMENT # L0 (000007556

1. Entity Name
DNA ACQUISITIO \S, LL

30008170

Principal Place of Business	Mailing Address
4500 PGA BLVD 206 PALM BEACH GARDENS, FL 3341 US	4500 PGA BLVD 206 PALM BEACH GARDENS, FL 33418 US

03132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	1102 W Indiantown Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 7
City & State	City & State Jupiter, FL
Zip / Country	Zip 33458 Country USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWEN, JACK B JR 4500 PGA BLVD 208 PALM BEACH GARDENS, F . 33418	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.0 Due by May 1, 200

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Pete Giaquinto 9121 N Military Trail #200 Palm Beach Gardens, FL 33410 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Brian J Mylett 4/28/05 561-745-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #