


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90054 037 ****50.00

20000714

DOCUMENT # L04000026063					
1. Entity Name DAC-TECH, LLC					
Principal Place of Business 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259 US			Mailing Address 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 51-0506783	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRAWAY, ANDREW J ESQ 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>[Signature]</i> EST <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 1/8/2005	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRAWAY, ANDREW J 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRAWAY, DENISE C 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
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: <i>[Signature]</i> ANDREW J. CARRAWAY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date: 1/8/2005 Time: 9:04:28 Phone: 904-287-9021					