## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State 01-10-2005 90054 037 \*\*\*\*50.00

365 SUMMERCET DRIVE  1. Principal Place of Qualisides  3. Mailing Address  Suite, Apt. #, etc.  Chy & State  Chy	DOCUI  1. Entity Nam DAC-TEC		6063							
Suite. Apt. #, otc.    Suite. Apt. #, otc.   O1682005   Chg-LLC   CR2E083 (10/03)	365 SUMMERSET DRIVE		365 SUMMERSET DRIVE		20000714					
City & Sales  County  Zip  County  S. Contrictate of Sales Desired  S. S. Ob, Assignment Fast Required  G. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  CARRAWAY, ANDREW J ESQ 365 SUMMERSET DRIVE  JACKSONVILLE, FL 32259  City  City  FL  Zip Code  City  FL  Zip Cod	2. Principal P	ace of Business	3. Mailing Address						<b></b>	
Zip Country   Zip   Country   S. Certificate of Status Desired   S. Status Desired   S. Obstational Fee Frequence   S. Certificate of Status Desired   S. Obstational Fee Frequence   S. Certificate of Status Desired   S. Obstational Fee Frequence	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-LLC	CR2I	E083 (10/03)	
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Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New	Registere	d Agent	
B. The above named entity systinis this stategnant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve obligations of registered segent, or both, in the State of Florida. I am familiar with, and achieve of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligations of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation of Florida. I am familiar with, and achieve obligation obligation of Florida. I am familiar with, and achieve obligation obligation obligation obligation obligation obligation obli	365 SUMM	MERSET DRIVE	Street Address			(P.O. Box Number is Not Acceptable)				
the obligations of registers agent.    SIGNATURE		/		<u> </u>	City		<del></del>		Zip Cod	le
Point Department of State    Nama   Name   N	the obligat	ions of registered agent.	Dr. 65%				oth, in the State of F	2/20	ES	and accept
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Deviring Proper	11. I hereby indicated limited lia	on this report is true and accurate an ability company or the receiver or the re-	d that my signature shall have ee empowered to execute the	we the same $W = U$	e legal effect as it is required by Cha	made under oal pter 608, Florida	(i), Florida Statutes th; that I am a man a Statutes.	i. I further aging mer	mber or manag	information er of the