

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035520

FILED
Aug 21, 2006
Secretary of State

Entity Name: DAEDALUS CONSTRUCTION, LLC

Current Principal Place of Business:

4750 KEY MADEIRA DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4750 KEY MADEIRA DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOULE, CHRISTINA M
4750 KEY MADEIRA DR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

HOULE, THOMAS
4750 KEY MADEIRA DR
TITUSVILLE, FL 32780 US

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.

SIGNATURE: THOMAS HOULE

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOULE, CHRISTINA M
Address: 4750 KEY MADEIRA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: HOULE, THOMAS
Address: 4750 KEY MADEIRA DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORZETTING, JOHN G SR.
Address: 827 JASMINE ST
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS HOULE

MGRM

08/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date