FILED
May 27, 2005 8:00 am
Secretary of State

04-19-2005 90030 034 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038922

1. Entity Name
DAEDALUS AGENCY LLC

30007903

Principal Place of Business	Mailing Address
3 LOPEZ LANE 2 KEY WEST, FL 33040	3 LOPEZ LANE 2 KEY WEST, FL 33040

03292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
611 GRINNELL ST	611 GRINNELL ST
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State KEY WEST FL	City & State KEY WEST FL
Zip 33040 FL Country	Zip 33040 Country

4. FEI Number 20-1154255 ☐ 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
BLINCKMANN, JAN-MARTEN 3 LOPEZ LANE 2 KEY WEST, FL 33040	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 $50.00
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	MGR BLINCKMANN, JAN-MARTEN 3 LOPEZ LANE KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 611 GRINNELL ST #1 Key West, FL 33040
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: X ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #