## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 11, 2007 8:00 am Secretary of State DOCUMENT # L04000061041 1. Entity Name 04-11-2007 90159 008 \*\*\*\*50.00 **DAILIN LLC** Principal Place of Business Mailing Address 11476 PINE ST. 11476 PINE ST. JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 04062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 02-0730518 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUDLEY, DANIEL P MGRM DO NOT WRITE 11476 PINE STREET JACKSONVILLE, FL 32258 IN THIS SPACE 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DUDLEY, DANIEL P MGRM NAME STREET ADDRESS 11476 PINE STREET COY-ST-ZP JACKSONVILLE, FL 32258 TITLE DUDLEY, LINDA B MGRM STREET ADORESS 11476 PINE STREET CITY-ST-ZIP JACKSONVILLE, FL 32258 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

SIGNATURE: 2