

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083979

Entity Name: DAEDALUS HOMES, LLC

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

8437 ASHFORD PLACE
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

8437 ASHFORD PLACE
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 20-1885636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOE, GEORGE
8437 ASHFORD PLACE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GIOE, GEORGE
Address: 8437 ASHFORD PLACE
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: KELLY, STEPHEN
Address: 180 WEST END AVE APT 28D
City-St-Zip: NEW YORK, NY 10023 US

Title: MGRM () Delete
Name: GIOE, JOSEPH
Address: 180 WEST END AVE APT 28D
City-St-Zip: NEW YORK, NY 10023 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIOE, GEORGE P
Address: 8437 ASHFORD PLACE
City-St-Zip: TRINITY, FL 34655 US

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

Title: MGRM (X) Change () Addition
Name: GIOE, JOSEPH D
Address: 180 WEST END AVE APT 28D
City-St-Zip: NEW YORK, NY 10023 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE P GIOE

MGRM

01/11/2005

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