

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

|                                                                 |                                                                                   |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000091538</b><br>1. Entity Name<br>DASHIV, LLC |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 56855<br>JACKSONVILLE, FL 32241 | Mailing Address<br>P.O. BOX 56855<br>JACKSONVILLE, FL 32241 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|



03032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3499587 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MARCUS, ALAN J<br>20803 BISCAYNE BLVD<br>SUITE 301<br>AVENTURA, FL 33180 |
|---------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_  
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, 2007**

U000000665505  
03/23/07-80032-006 2100.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DELAHANTY, TOM<br>P.O. BOX 56855<br>JACKSONVILLE, FL 32241 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

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IN THIS SPACE**

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

**SIGNATURE:**

 **Tom Delahanty**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-1-07**

Date

**804-76-9300**

Daytime Phone #