FILED
Mar 23, 2006 8:00 am
Secretary of State
02-27-2006 90425 023 ****50.00

DOCUI 1. Entity Nem DANA IN	18	# L05000097 NT, LLC	7914							
Principal Place 8219 ALDER JACKSONVILL	MAN ROAD		Mailing Address 8219 ALDERMAN ROAD JACKSONVILLE, FL 32211 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202006	Chg-LLC CF	R2E083 (11/05)		
City & State			City & State			4. FEI Numb	H /		oplied For ot Applicable	
Zip	Country		Zip Coun		ntry	Certificate of Status Desired				
	6. Name	and Address of Current	Registered Agent	egistered Agent Name –			7. Name and Address of New Registered Agent			
DANA, NO 8219 ALDE JACKSON	ERMAN R		-		Street Address (P.O. Box Number is Not Acceptable)					
			City		City			FL Zip Coo	10	
8. The above perfield entity sugnitis 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida.										
Filing Fee is \$50.00 Due by May 1, 2006								ck payable to artment of Stat	•	
9.	Luca	MANAGING MEMBE		10.			ADDITIONS/CHAP			
ITLE NAME STREET ADDRESS CITY-ST-ZIP	t	DERMAN ROAD	C Detate		AE EET ADDRESS			Change	Addition	
TITLE NAME	JACKSOI	NVILLE, FL 32211	Delete filte		•			Change .	Addition .	
STREET ADDRESS CITY-SI-ZIP				STR	HET ADORESS Y-SI-ZIP				ļ	
TITLE HAVAE	☐ Deficte				E Æ			Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS V-ST-ZIP					
NAME STREET ADDRESS					Æ		•	☐ Change.	Addition	
CITY-ST-ZIP				ar	Y-\$1-ZIP					
TITLE MAINE STREET ADDRESS	☐ Delete				LE AE EET ADORESS			Change	Addition	
CITY-ST-ZIP			□ 6. 15	cin	Y-ST-ZIP			C Observed	- Addition	
NAME STREET ADDRESS			☐ Detete	TITT. NAA STR				Change	Addition	
11. I hereby	certify that th	ne information supplied will	h this filing does not quality f	J	Y-ST-ZIP amptions contained	in Chapter 1.15), Florida Statutes. I turther	certify that the info	ormation	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report is true and accuse and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the peaker or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNAT	URE:	AND TYPED OR PRINTED NAMES	OF SIGNING MANAGING MEMBER, M	LANAGER O	R AUTHORIZED REPRESI	ENTATIVE	Onto	Daverne Phone #		



Division of Corporations

March 2, 2006

DANA INVESTMENT, LLC 8219 ALDERMAN ROAD JACKSONVILLE, FL 32211 US

Subject: DANA INVESTMENT, LLC.

Reference Number:

L05000097914

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

20-3571006