2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L05000100748

Entity Name: DALSPOTS LLC

Current Principal Place of Business:

3552 SWALLOW DRIVE
MELBOURNE, FL 32935

New Principal Place of Business:

7925 N. WICKHAM RD
SUITE B
MELBOURNE, FL 32940

Current Mailing Address:

3552 SWALLOW DRIVE
MELBOURNE, FL 32935

New Mailing Address:

7925 N. WICKHAM RD
SUITE B
MELBOURNE, FL 32940

FEI Number: 02-3617734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GAFFNEY, DEBORAH J
3552 SWALLOW DRIVE
MELBOURNE, FL 32935 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/MANAGERS:

Title: MGRM ( ) Delete
Name: GAFFNEY, DEBORAH J
Address: 3552 SWALLOW DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: MGR ( ) Delete
Name: CURRY, CHRISTY
Address: 3552 SWALLOW DRIVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEBORAH J. GAFFNEY MGRM 07/03/2006

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