2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 19, 2007 08:00 AM Secretary of State **DOCUMENT # L05000113069** 1. Entity Name DTH-JAX, L.L.C. Principal Place of Business Mailing Address **481 CARICA ROAD 481 CARICA ROAD** NAPLES, FL 34108 NAPLES, FL 34108 01082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4254707 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, THOMAS M DO NOT WRITE 481 CARICA ROAD NAPLES, FL 34108 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 little if applicable (NOTE: Registered Agent signature required when reinstating) U00000593283 Filing Fee is \$50.00 01/22/07-80026-001 50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE TAYLOR, THOMAS M NAME **481 CARICA ROAD** STREET ADORESS CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: