2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L06000003416

Entity Name: DANIELS COMMERCE HOLDINGS, LLC

Current Principal Place of Business:

3845 HOLCOMB BRIDGE ROAD
SUITE 100
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

3845 HOLCOMB BRIDGE ROAD
SUITE 100
NORCROSS, GA 30092 US

New Mailing Address:

FEI Number: 20-4085758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: MGR ( ) Delete
Name: ARONIN, DONALD J
Address: 3845 HOLCOMB BRIDGE ROAD, SUITE 100
City-St-Zip: NORCROSS, GA 30092 US

Title: MGR ( ) Delete
Name: KIRSCHNER, RONALD S
Address: 3845 HOLCOMB BRIDGE ROAD, SUITE 100
City-St-Zip: NORCROSS, GA 30092 US

Title: MGR ( ) Delete
Name: DAMRON, WAYNE
Address: 3845 HOLCOMB BRIDGE ROAD, SUITE 100
City-St-Zip: NORCROSS, GA 30092 US

ADDITIONS/CHANGES:

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

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 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: DON ARONIN MGR 02/25/2009

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