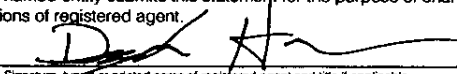
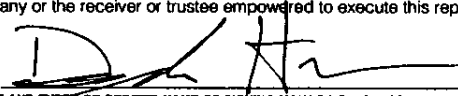


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 032 ***138.75

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # L06000011656 1. Entity Name DA COMPANY, LLC | | | |  | |
| Principal Place of Business 2661 DELCREST DRIVE ORLANDO, FL 32817 | | | Mailing Address 2661 DELCREST DRIVE ORLANDO, FL 32817 | | |
| 2. Principal Place of Business - No P.O. Box # 901 Golfview St Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 547831 Suite, Apt. #, etc. | | | |
| City & State Orlando, FL Zip 32804 Country | | City & State Orlando, FL Zip 32854 Country | | 02162008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-4253030 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent HARMER, DERYCK A - 2661 DELCREST DRIVE ORLANDO, FL 32817 | |
| 7. Name and Address of New Registered Agent Name Harmer, Deryck A Street Address (P.O. Box Number is Not Acceptable) 901 Golfview St City Orlando FL Zip Code 32804 | | | | 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  DATE 2/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARMER, DERYCK A 2661 DELCREST DRIVE ORLANDO, FL 32817 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Harmer, Deryck A P.O. Box 547831 Orlando FL 32854 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HYLTIN, ANDREW A 1215 SPRING LAKE DRIVE ORLANDO, FL 32804 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 2/10/08 407-399-8245 <small>Date Daytime Phone #</small> | | |