

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 021 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000029248 1. Entity Name DAKA DEVELOPMENT, LLC					
Principal Place of Business 4457 BAYOU BOULEVARD PENSACOLA, FL 32503			Mailing Address 4457 BAYOU BOULEVARD PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 801 E. Cervantes St		3. Mailing Address 801 E. Cervantes St			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State Pensacola, FL		City & State Pensacola, FL			
Zip 32501	Country USA	Zip 32501	Country USA	4. FEI Number 76-0803958	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAPP, DAVID A 4457 BAYOU BOULEVARD PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name David A. Sapp Street Address (P.O. Box Number is Not Acceptable) 801 E. Cervantes St. Suite B City Pensacola FL Zip Code 32501		
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 Mary Member 2/6/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 SAPP, DAVID A 4457 BAYOU BOULEVARD PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sapp, David A 801 E. Cervantes St., Suite B Pensacola, FL. 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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: Mary Member 2/6/08 (850) 475-0500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					