

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090102

Entity Name: DACAPO, LLC

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

1818 SENECA BLVD.
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

3855 MILL CREEK LANE
CASSELBERRY, FL 32707 US

Current Mailing Address:

1818 SENECA BLVD.
WINTER SPRINGS, FL 32708 US

New Mailing Address:

3855 MILL CREEK LANE
CASSELBERRY, FL 32707 US

FEI Number: 20-5545132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JESSICA A
1818 SENECA BLVD.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

SPEAK, JESSICA A HALL
1818 SENECA BLVD.
CASSELBERRY, FL 32707 US

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: JESSICA A HALL SPEAK

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALL, JESSICA A
Address: 1818 SENECA BLVD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPEAK, JESSICA A HALL
Address: 3855 MILL CREEK LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Change (X) Addition
Name: HALL, CAROL A
Address: 1818 SENECA BLVD.
City-St-Zip: WINTER SPRINGS, FL 32708

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: CAROL A HALL

STD

02/13/2007

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