2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 19, 2007 8:00 am
Secretary of State

02-20-2007 90366 016 ****50.00

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1. Entity Name
DACAM, LLC

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131	848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-1719782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVEN M. CHARCHAT, P.A. 848 BRICKELL AVENUE, SUITE 1040 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMET INVESTMENTS LIMITED P.O. BOX 1586, 4TH FLOOR, 24 SHEDDEN ROAD GEORGETOWN, GRAND CAYMAN, KY1 1110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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FOR AND ON BEHALF OF CAYRON LIMITED — FOR AND ON BEHALF OF TROYNOM LIMITED

11. I hereby certify that the information ... qualify for the ... 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: [signature] DIRECTOR [signature] DIRECTOR 15Feb07 345 914 4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR REPRESENTATIVE — Date — Daytime Phone #