## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 26, 2008 8:00 am Secretary of State 03-04-2008 90103 045 \*\*\*138.78

Million Address of Business	DOCUMENT # L0700002683  1. Entity Name DAI, LLC						03-04-2008 90103 045 ***138.78					
2. Principal Place of Business - No P.O. Box # 3. Malling Address  Suite, Apr. #, etc.	6635 HIGHWAY AVENUE 6635 HIGHWAY AVENUE				_		<u> </u>					
Sulte, Apt. e. etc.    Suite, Apt. e. etc.	JACKSONVILL	.E, FL 32254	JACKSONVILLE, FL 32	254								
Cry & State  Cry &	Principal Place of Business - No P.O. Box # 3. Mailing Address											
Zo Country Zo Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01302008	Chg-LLC	CR2E	083 (12/06)		
S. Ocurrey   S. Ocurrey   S. Courrey   S. Courrey   S. Certificate of Status Desired   FR Required	City & State		City & State				4. FEI Numbe 20-81			<b>——</b>		
SEARS, CHARLES A CPA 2011 GIBSON ROAD JACKSONVILLE, FL 32207  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 objects of registered despite.  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 objects of registered despite.  8. The above named error of registered agent. Or both, in the State of Florida. I am familiar with, and accept the objects of registered despite.  9. Marks check payable to Florida Despite the Payable to Florida Despite th	Zip	Country	Zip Coun		ntry	5. Certifica		of Status Desired		\$5.00 Ad	ditional	
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B. 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	2011 GIBS	SON ROAD	Street Address			idress (i	P.O. Bax Numbe	er is Not Acceptabl	θ)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$138.75  ARROY May 1, 2005 Fee will be \$538.75   SIGNATURE  ING. MGRM  HICKS, RUTH A  SIRET ADDRESS  SIRET A	• •				City		<u>.</u>	· <del></del>	FI	Zip Cod	te .	
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### Printed Department of State    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES												
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SIGNATURE: X: /// Siels R. Ann Hicks 2/24/08 904-354-7004	indicated	on this report is true and accurate and	I that my signature shall have e empowered to execute this	the same report as	e legal effec	t as il m	ade under oath:	that I am a manac	oing memb	er or manage	of the	
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