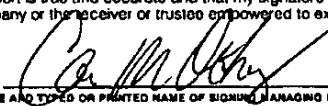


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4 May 27, 2008 8:00 am
Secretary of State

04-15-2008 90107 030 ***138.75

DOCUMENT # L07000085045 1. Entity Name DSAE, LLC			
Principal Place of Business 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 US		Mailing Address 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 US	
2. Principal Place of Business - No P.O. Box # 370 15th Avenue South		3. Mailing Address 370 15th Avenue South	
Suite, Apt. #, etc. Units A + B		Suite, Apt. #, etc. Units A + B	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL	
Zip 32250	Country	Zip 32250	Country
4. FEI Number 06-1684900		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. 500 ORLANDO, FL 32804		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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 DOHERTY, CAREN 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Doherty, Caren 370 15th Ave. South, Units A + B Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOMMERS, CRAIG 1639 BEACH BLVD JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Sommers, Craig 370 15th Ave. South, Units A + B Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
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: 		4-14-08 904-249-0698	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30007744



03042008 Chg-LLC CR2E083 (12/06)