2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

1. Entity Name DAC ASSOCIATES, L.L.C.)	02-25-200	8 90138 (732 ****1	38./3
Principal Place of Business 2021 ART MUSEUM DRIVE, SUITE 120 JACKSONVILLE, FL 32207		Mailing Address 2021 ART MUSEUM DRIVE, SUITE 120 JACKSONVILLE, FL 32207							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg: LLC	CR2E081	3 (12/06)		
City & State		City & State			4. FEI Numb	1174112	•		plied For [Applicable
Zip	Country	Zip	Count	JSA	5. Certificate	e of Status Desired		5.00 Add e Required	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Ro	egistered Ag	ent	
HOLLOWA	V RORRY	İ	Name						
HOLLOWAY, BOBBY 2021 ART MUSEUM DRIVE, SUITE 120 JACKSONVILLE, FL 32207				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									
									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pay Departmer		,
9.	MANAGING MEMBE	RS/MANAGERS	/MANAGERS 10.			ADDITIONS/	CHANGES		
THEE	2 55.00		TITLE	1			[Change	Addition
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NAME	N I		NAME						ļ
STREET ADDRESS CITY-ST-ZIP				ET ADORESS SI-ZIP					
	cartify that the information expedied with	this tiling does not qualify to			d in Chapter 110	Horida Statutan 11:	ethar cortifical	agt the infe	mation
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									