FILED
Mar 11, 2008 8:00 am
Secretary of State

01-10-2008 90018 002 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30001781

DOCUMENT # L07000111578

1. Entity Name
DAX II HOLDINGS, LLC

Principal Place of Business
3005 SW 53RD STREET
OCALA, FL 34474

Mailing Address
3005 SW 53RD STREET
OCALA, FL 34474

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

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number EIN 1421328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMSON, LINDA
3005 SW 53RD STREET
OCALA, FL 34474

FEIN 26-1421328

7. Name and Address of New Registered Agent

Name [illegible]

Street Address (P.O. Box Number is Not Acceptable) EIN

FEIN 26-1421328

City FET 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 LAMSON, LINDA 3005 SW 53RD STREET OCALA, FL 34474	☐ 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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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: MGRM Linda Lamson 1-8-08 (352) 351-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #