

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001381

Entity Name: DAS 2, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

5700 MEMORIAL HIGHWAY, STE 111
TAMPA, FL 33615

New Principal Place of Business:

5700 MEMORIAL HIGHWAY, STE 210
TAMPA, FL 33615

Current Mailing Address:

P.O. BOX 261147
TAMPA, FL 33685

New Mailing Address:

FEI Number: 59-3721202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, TERRY S
5700 MEMORIAL HWY, STE 111
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

CLARK, TERRY S
5700 MEMORIAL HWY, STE 210
TAMPA, FL 33615 US

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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, TERRY S MR
Address: 5700 MEMORIAL HWY STE 111
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM () Delete
Name: DEANE, ELLEN L
Address: 5700 MEMORIAL HWY STE 111
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, TERRY S MR
Address: 5700 MEMORIAL HWY STE 210
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM (X) Change () Addition
Name: DEANE, ELLEN L
Address: P.O. BOX 9718
City-St-Zip: TAVERNIER, FL 33070 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY S. CLARK

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date