2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90750 018 ****55.00

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1. Entity Name
DANDAR INVESTMENT COMPANY-FLORIDA, LLC

Principal Place of Business	Mailing Address
8501 CURRY FORD RD. ORLANDO, FL 32825	15405 OLD DORY LN LEESBURG, VA 20176

2. Principal Place of Business	3. Mailing Address
	8936 Jeffrey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Great Falls VA
Zip / Country	Zip: 22066 Country: U.S.

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 31-1621023 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DANIEL R. WILKINSON 15405 OLD DORY LANE LEESBURG, VA 20176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daniel R. Wilkinson 8936 Jeffrey Road Great Falls VA 22066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Daniel R. Wilkinson 5-4-04 703-438-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #