## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000016129

Entity Name: FRI DAYTONA, LLC

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8427 SOUTH PARK CIRCLE ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

LEGAL DEPARTMENT
1 CAMPUS DRIVE, FLOOR 3-B
PARSIPPANY, NJ 07054
PARSIPPANY, NJ 07054

FEI Number: 35-1867684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

## ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: HANNING, FRANZ S Name: BUCKMAN, JAMES E

 Address:
 8427 SOUTH PARK CIRCLE
 Address:
 9 WEST 57TH STREET

 City-St-Zip:
 ORLANDO, FL 32819 US
 City-St-Zip:
 NEW YORK, NY 10019

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 FELDMAN, LYNN A
 Name:
 HOLMES, STEPHEN P

 Address:
 1 CAMPUS DRIVE
 Address:
 1 CAMPUS DRIVE

 City-St-Zip:
 PARSIPPANY, NJ 07054 US
 City-St-Zip:
 PARSIPPANY, NJ

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 BOCK, ERIC J
 Name:
 HUBER, JOSEPH J

 Address:
 9 WEST 57TH STREET
 Address:
 1 CAMPUS DRIVE

 City-St-Zip:
 NEW YORK, NY 10019 US
 City-St-Zip:
 PARSIPPANY, NJ 07054

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WYSHNER, DAVID B
 Name:

 Address:
 1 CAMPUS DRIVE
 Address:

 City-St-Zip:
 PARSIPPANY, NJ 07054 US
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BUCKMAN, JAMES E
 Name:

 Address:
 9 WEST 57TH STREET
 Address:

 City-St-Zip:
 NEW YORK, NY 10019 US
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOLMES, STEPHEN
 Name:

 Address:
 1 CAMPUS DRIVE
 Address:

 City-St-Zip:
 PARSIPPANY, NJ 07054 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH J HUBER MGR 04/28/2005