2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90064 045 ****55.00

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1. Entity Name
DESTINATION DAYTONA, LLC

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH, FL 32118	444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH, FL 32118

04132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
444 Seabreeze Boulevard		444 Seabreeze Boulevard	
Suite, Apt. #, etc.: 900		Suite, Apt. #, etc.: 900	
City & State: Daytona Beach, FL		City & State: Daytona Beach, FL	
Zip: 32118	Country: USA	Zip: 32118	Country: USA

4. FEI Number: 57-1169187 ☐ 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
HOOD, CHARLES D JR 444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH, FL 32118	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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete HOOD, CHARLES D JR 444 SEABREEZE BLVD., STE. 990 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change XX☐ Addition Charles L. Strasser 1030 N. US Hwy 1 Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: ______________________ 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Charles D. Hood, Jr., Mgr.