

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000760

Entity Name: DESTINATION DAYTONA, LLC

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118

New Principal Place of Business:

1635 N US HWY 1
ORMOND BEACH, FL 32174 US

Current Mailing Address:

444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118

New Mailing Address:

1637 N US HWY 1
ORMOND BEACH, FL 32174 US

FEI Number: 57-1169187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, CHARLES D JR
444 SEABREEZE BLVD., STE. 900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

PEPE, DEAN G
1637 N US HWY 1
ORMOND BEACH, FL 32174 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: DEAN G. PEPE

04/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOOD, CHARLES D JR
Address: 444 SEABREEZE BLVD., STE. 900
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR (X) Delete
Name: ROSSMEYER, BRUCE O
Address: 1637 N. US HIGHWAY 1
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSSMEYER, BRUCE O
Address: 1637 N US HWY 1
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE ROSSMEYER

MGRM

04/18/2009

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