


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000078289	
1. Entity Name 709 CLYDE MORRIS BLVD., LLC	

Principal Place of Business 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114	Mailing Address 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
---	---

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3255119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GORNTO, L.A. JR ESQ
 149 S. RIDGEWOOD AVENUE
 SUITE 550
 DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOHEN, MICHAEL D 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOHEN, MARIAN R 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

L000000783685
 01/16/08-80024-018 138.75

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: Marian R Kohen Date: 1-8-08 Daytime Phone #: 3866729942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #