2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022355

1. Entity Name 6925 DAYTONA BEACH SHORES, LLC



Principal Place of Business

1601 BELVADERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33401 Mailing Address

1601 BELVADERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33401

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90060 009 ****50.00

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04192004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		Applied For
	13-4228073		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAPES, PAUL 1601 BELVADERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33401 33406

DO NOT WRITE IN THIS SPACE

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		
F D	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVADERE ROAD STE 407 S WEST PALM BEACH, FL-33401 33406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-21-04

561-296.1510×109
