


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90103 040 \*\*\*\*50.00

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<b>DOCUMENT #</b> L01000009709	
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<b>1. Entity Name</b> DAYTONA TWIN TEC LLC	<b>Principal Place of Business</b> 400 VENTURE DRIVE SUITE D SOUTH DAYTONA FL 32119	<b>Mailing Address</b> 400 VENTURE DRIVE SUITE D SOUTH DAYTONA FL 32119
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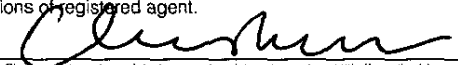
<b>2. Principal Place of Business</b> 933 BEVILLE ROAD Suite, Apt. #, etc. SUITE 101-H City & State SOUTH DAYTONA, FL Zip 32119 Country USA	<b>3. Mailing Address</b> 933 BEVILLE ROAD Suite, Apt. #, etc. SUITE 101-H City & State SOUTH DAYTONA, FL Zip 32119 Country USA
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☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3726561	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHROEDER, CHRIS F MR 2 HIGHWOOD RIDGE TRAIL ORMOND BEACH FL 32174	
<b>7. Name and Address of New Registered Agent</b> Name: SCHROEDER, CHRIS F MR Street Address (P.O. Box Number is Not Acceptable): 8 FOX HUNTER FLAT City: ORMOND BEACH FL Zip Code: 32174	


**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:  CHRIS F. SCHROEDER 4-23-03  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHROEDER, CHRIS 2 HIGHWOOD RIDGE TRAIL ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHROEDER, CHRIS 8 FOX HUNTER FLAT ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, ALLEN 824 PENINSULA ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:  CHRIS F. SCHROEDER 4-23-03 386-304-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)