

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000002991

1. Entity Name

DAYTONA BEACH RESORT, LLC



FILED

04 MAR -5 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

Principal Place of Business

2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address

2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3641068

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

BURDEN, GEORGE D.E. ESQ.
434 NORTH HALIFAX AVENUE, SUITE 1
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: MERRILL, W. HARRISON
STREET ADDRESS: 975 JOHNSON FERRY RD, STE 450
CITY-ST-ZIP: ATLANTA GA 30342

☐ Delete

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STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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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:

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

W. HARRISON MERRILL

Date

Daytime Phone #

2-5-04

(405) 495-9577