

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000006989

1. Entity Name

DAYTONA COMMERCIAL I.L.C.

Principal Place of Business

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRDMAN, HARVEY
305 SOUTH 31ST AVENUE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: JOHN A. RAINEY

Street Address (P.O. Box Number is Not Acceptable)

2101 JOHN ANDERSON DR.

City: ORMOND BEACH

FL Zip Code 32176

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.

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 Department of State

200004065302-2

04/24/01-01110-007

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIRDMAN, HARVEY
307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAINEY, JOHN A
128 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
2101 JOHN ANDERSON DRIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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

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

HARVEY BIRDMAN

03/12/01

904-679-2113

Date

Daytime Phone #

CR2E083 (11/00)