

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000006989**

**1. Entity Name**

**DAYTONA COMMERCIAL I L.C.**



**Principal Place of Business**

**2101 JOHN ANDERSON  
ORMOND BEACH, FL 32176 US**

**Mailing Address**

**2101 JOHN ANDERSON  
ORMOND BEACH, FL 32176 US**



**03022006No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3702843**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAINEY, JOHN A  
2101 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**L00000466430  
03/23/06-R0014-008 50.00**

**9. MANAGING MEMBERS/MANAGERS**

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

**TITLE MGR  
NAME RAINEY, JOHN A  
STREET ADDRESS 2101 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BEACH, FL 32176**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

Date

Daytime Phone #

**MANAGING MEMBER 03/08/06**

**386-441-4843**

**JOHN A RAINEY**