

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90033 006 ****55.00

DOCUMENT # L00000012912 1. Entity Name GARDENS OF DAYTONA, L.L.C.					
Principal Place of Business 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			Mailing Address 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #108 City & State		3. Mailing Address Suite, Apt. #, etc. #108 City & State		60050395 	
Zip Country		Zip Country		04132007 Chg-LLC CR2E083 (12/06) 4. FEI Number 59-3698596 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931	
7. Name and Address of New Registered Agent Name KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N. ATLANTIC AVE. #108 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 <u>James Kincaid</u> James Kincaid 4/24/07 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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERITAGE GP 2001, LTD 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5505 N. ATLANTIC AVE., #108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: <u>James Kincaid</u> James Kincaid 4/24/07 321-799-4090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					