2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90074 016 ***143.75

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1. Entity Name
GARDENS OF DAYTONA, L.L.C.

60041335

04082008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5505 NORTH ATLANTIC AVENUE, SUITE 108 COCOA BEACH, FL 32931	5505 NORTH ATLANTIC AVENUE, SUITE 108 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ATLANTIS ROAD	P O BOX 321209
Suite, Apt. #, etc.: 405-B	Suite, Apt. #, etc.
City & State: Cape CANAVeral, FL	City & State: COCOA Beach FL
Zip: 32920 Country: USA	Zip: 32932-1209 Country: USA

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	7. Name and Address of New Registered Agent
KINCAID, JAMES 5505 N. ATLANTIC AVE. 108 COCOA BEACH, FL 32931	Name: Street Address (P.O. Box Number is Not Acceptable): 405-B ATIANTIC ROAD City: CApe CANAVerAL, FL Zip Code: 32920

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 $138.75
After May 1, 2008 Fee will be $538.75

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 #108 COCOA BEACH, FL 32931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 405-B ATLANTIS ROAD CApe CANAVerAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 405-B ATLANTIS ROAD CApe CANAVerAL, FL 32920
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: James Kincaid 4/08/08 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #