2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90103 040 ****50.00

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DOCUMENT # L01000009709

1. Entity Name
DAYTONA TWIN TEC LLC

Principal Place of Business	Mailing Address
400 VENTURE DRIVE SUITE D SOUTH DAYTONA FL 32119	400 VENTURE DRIVE SUITE D SOUTH DAYTONA FL 32119

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
933 BEVILLE ROAD	933 BEVILLE ROAD
Suite, Apt. #, etc.: SUITE 101-H	Suite, Apt. #, etc.: SUITE 101-H
City & State: SOUTH DAYTONA, FL	City & State: SOUTH DAYTONA, FL
Zip: 32119 Country: USA	Zip: 32119 Country: USA

4. FEI Number 59-3726561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, CHRIS F MR
2 HIGHWOOD RIDGE TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: SCHROEDER, CHRIS F MR
Street Address (P.O. Box Number is Not Acceptable): 8 FOX HUNTER FLAT
City: ORMOND BEACH FL Zip Code: 32174

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] CHRIS F. SCHROEDER 4-23-03
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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHROEDER, CHRIS 2 HIGHWOOD RIDGE TRAIL ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHROEDER, CHRIS 8 FOXHUNTER FLAT ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALVAREZ, ALLEN 824 PENINSULA ORMOND BEACH FL 32176	☐ 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
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CR2E083 (10/02)

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] CHRIS F. SCHROEDER 4-23-03 386-304-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #