



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90126 036 \*\*\*\*50.00

<b>DOCUMENT # L02000007634</b> 1. Entity Name <b>DAYTONA OCEANFRONT, L.L.C.</b>					
Principal Place of Business <b>535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118</b>				Mailing Address <b>535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118</b>	
2. Principal Place of Business <b>42 S Peninsula Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>42 S Peninsula Dr</b> Suite, Apt. #, etc.			
City & State <b>Daytona Beach FL</b>		City & State <b>Daytona Beach FL</b>		4. FEI Number <b>27-0007542</b>	
Zip <b>32118</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEWART &amp; ASSOCIATES, P.A. 535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118</b>				7. Name and Address of New Registered Agent Name <b>Stewart, Charles Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>42 S Peninsula Dr</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32118</b>	
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 <b>CHARLES W. STEWART, JR.</b> <i>Charles W. Stewart Jr.</i> DATE <b>1/26/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, GEORGE D 3010 S PENINSULA DR DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAED, TOM 2001 S ATLANTIC AVE DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>George D Anderson</i> <b>44-28-2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					