2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Charles D.

Hood.

Ples D. Hood, Jr., Manager
RINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

FILED n

Aug 29, 2008 8:00 an Secretary of State
08-29-2008 90066 001 *1,077.50

08/28/08

386-254-6875

DOCUMENT # L02000016316 BAYBERRY COLONY, L.L.C. 30011086 Principal Place of Business Mailing Address 2970 S ATLANTIC AVENUE 2970 S ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 444 Seabreeze Blvd. Post Office Box 15200 Suite, Apt. #, etc. Suite, Apt. #, etc. 08272008 Chg-LLC CR2E083 (12/06) Suite 900 City & State City & State 4. FEI Number Applied For Daytona Beach, FL Daytona Beach, FL 75-3106825 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 32118 Fee Required USA 32115-5200 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles D. Hood, Jr. GOVE, WAYNE S Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd., Suite 900 2970 S ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 City Daytona Beach 8. The above named entity submits this statement for the purpose of enanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Charles D. Hood, 08/28/08 SIGNATURE Signature, typed or printed name of registered age Make check payable to FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE XX Delete MGR ☐ Channe Addition GOVE, WAYNE S NAME NAME Charles D. Hood, Jr. 2970 SOUTH ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS 444 Seabreeze Blvd., Suite 900 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118 CITY-ST-ZIP Daytona Beach, FL 32118 Change TITLE Delete TITLE **XX**Addition NAME NAME Josif Atanasoski STREET ADDRESS STREET ADDRESS 1800 U.S. 1 North CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.