

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018360

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** THE ORMOND PAVILIONS LLC

**Current Principal Place of Business:**

U.S. HIGHWAY 1 NORTH  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

5 JUNIPER DR.  
ORMOND BEACH, FL 32176 US

**New Mailing Address:**

FEI Number: 55-0794695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROCKENBERG, JOHN S  
58 NEPTUNE AVE  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUTLER, KEVIN J SR.  
Address: 5 JUNIPER DR.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR ( ) Delete  
Name: CROCKENBERG, JOHN S  
Address: 58 NEPTUNE AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S. CROCKENBERG

MGMR

04/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date