

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90060 009 \*\*\*\*50.00

**DOCUMENT # L02000022355**

1. Entity Name  
6925 DAYTONA BEACH SHORES, LLC



Principal Place of Business  
1601 BELVADERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401

Mailing Address  
1601 BELVADERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
13-4228073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAPES, PAUL  
1601 BELVADERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL ~~33401~~ 33406

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                            |
|----------------|--------------------------------------------|
| TITLE          | MGR                                        |
| NAME           | METZ, JOHN                                 |
| STREET ADDRESS | 1601 BELVADERE ROAD STE 407 S              |
| CITY-ST-ZIP    | WEST PALM BEACH, FL <del>33401</del> 33406 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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:** *Andrea Metz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-21-04

Date

561-296.1510 x109

Daytime Phone #