## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## Apr 21, 2004 08:00 AM **DOCUMENT # L02000033340 Secretary of State** 1. Entity Name DELTONA FORTY, L.L.C. Mailing Address Principal Place of Business 1175 GEORGE RYAN RD. 1175 GEORGE RYAN RD. DELAND, FL 32720 DELAND, FL 32720 04162004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1154157 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MACDONALD, JOHN III DO NOT WRITE 1175 GEORGE RYAN RD. DELAND, FL 32720 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, typed or priviled 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 U00000122670 9. MANAGING MEMBERS/MANAGERS 04/21/04-80038-016 50.00 TITLE MGR MACDONALD, JOHN III NAME STREET ADDRESS 1175 GEORGE RYAN RD. CHY-ST-ZIP DELAND, FL 32720 THE HAME STREET ADDRESS CITY-ST-ZIP TRUE NAME STREET ADDRESS DO NOT WRITE CITY - ST - 7/P TITLE IN THIS SPACE MAKE STREET ADDRESS CITY-ST-ZIP NAME

**FILED** 

11. I hereby certify that the information supplied with this filling 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 any 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 employeers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SI SOUTH AND TYPE? OR PRINTED NAME OF COUNTY MANAGING MEMBER OR AUTHORITED PERSONELLY TIME.