

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90103 006 \*\*\*\*50.00

DOCUMENT # L03000005447

1. Entity Name  
WITTBOLD'S ANTIQUE VILLAGE, L.L.C.



Principal Place of Business  
9 SOUTH SUGAR MILL LANE  
FLAGLER BEACH, FL 32136

Mailing Address  
9 SOUTH SUGAR MILL LANE  
FLAGLER BEACH, FL 32136

2. Principal Place of Business  
1078 Ridgewood Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
1078 Ridgewood Ave  
Suite, Apt. #, etc.



06062006 Chg-LLC CR2E083 (11/05)

City & State  
Daytona Beach, FL  
Zip 32117-2835  
Country USA

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Zip 32117-2835  
Country USA

4. FEI Number  
54-2098102  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUDHUIN, DAVID  
9 SOUTH SUGAR MILL LANE  
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
113 ADDISON DRIVE  
ORMOND BEACH, FL 32174

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 reappointing) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS BAUDHUIN, DAVID  
CITY-ST-ZIP 9 SOUTH SUGAR MILL LANE  
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME 113 ADDISON DRIVE ☒ Change ☐ Addition  
STREET ADDRESS ORMOND BEACH, FL 32174  
CITY-ST-ZIP

TITLE  
NAME MGRM ☐ Change ☒ Addition  
STREET ADDRESS SHARON L. PARKER  
CITY-ST-ZIP 545 BURLINGHAM ST (545 BURLINGHAM AVE)  
HOLLY HILL, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Sharon L. Parker 6-8-06 386-252-8086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #