

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/**

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-07-2008 90089 015 ***138.75

DOCUMENT # L03000008967

1. Entity Name
STRASSER INVESTMENTS PARCEL B, LLC



Principal Place of Business
**1042 N US HWY 1
ORMOND BEACH FL 32174**

Mailing Address
**1042 N US HWY 1
ORMOND BEACH FL 32174**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number **65-1181605** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STRASSER, CHARLES L
444 SEABREEZE BLVD STE. 900
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature typed or printed name of reg or nat agent and fee 1 applicable (NOTE: Registered Agent fee is shown required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR member Director STRASSER, CHARLES L 1316 JOHN ANDERSON DR. ORMOND BEACH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	member Director Lee Dowst 405 S. Atlantic Avenue Ormond Beach, FL 32176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	member Director Sanford Miller 28 Broad River Rd. Ormond Beach, FL 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	member Director Mark Dowst 2050 John Anderson Drive Ormond Beach, FL 32176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	member Director Scott Strasser 434 South Beach Street Ormond Beach, FL 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	member Director Bryan Collier 1310 John Anderson Drive Ormond Beach, FL 32176 ☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles L. Strasser 2-1-08 386-613-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Printed Name