2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2:

FILED
May 26, 2004 8:00 am
Secretary of State

04-21-2004 90449 024 ****50.00

DOCUMENT # L03000010417

1. Entity Name
MARANTHA BY THE SEA, LLC

Principal Place of Business	Mailing Address
624 BRADDOCK AVENUE, APT. #1 DAYTONA BEACH, FL 32118	624 BRADDOCK AVENUE, APT. #1 DAYTONA BEACH, FL 32118

34007555

04042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0161281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name: Beatrice L. Davenport
Street Address (P.O. Box Number is Not Acceptable): 624 Braddock Ave #1
City: Daytona Beach FL Zip Code 32118

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 Beatrice L. Davenport Beatrice L. Davenport April 14, 2004
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

Make check payable to Florida Department of State

9. Partner MANAGING MEMBERS/MANAGERS

			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Beatrice L. Davenport 624 Braddock Ave #1 Daytona Beach FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Partner Jody L. McKeown PO Box 30355 — 208 Hendricks blk Bock #3 Ft Lauderdale FL 33303 — 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Jody L McKeown 5/21/04 954-816-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Jody L. McKeown