## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 29, 2005 8:00 am Secretary of State **DOCUMENT # L03000020056** 08-29-2005 90041 003 \*\*\*\*50.00 CONDO-MONDO, LLC Principal Place of Business Mailing Address 444 SEABREEZE BLVD., SUITE 700 444 SEABREEZE BLVD., SUITE 700 70001200 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address 570 JOHN ANDERSON DR 570 JOHN ANDERDN Suite, Apt. #, etc. Suite, Apt. #, etc. 08262005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For (BEACH WOUDNO 060000 BEGEH 05-0575681 Not Applicable Zip Country \$5.00 Additional 32176 232176 5. Certificate of Status Desired USA : Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANFRAU PHILL I CHANFRAU, PHILIP J Street Address (P.O. Box Number is Not Acceptable) 570 John ANDER Son 1) R 444 SEABREEZE BLVD., SUITE 700 DAYTONA BEACH, FL 32118 CINDRUDYO 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 ture, typed of infinited name of registered agent and title if applicable. Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TILE MGR Delete TITLE Change ■ Addition CHANFRALL PHILIP J 570 JOHN ANDERSON DR CHANFRAU, PHIIP J NAME STREET ADDRESS 444 SEABREEZE BLVD., STE 700 STREET ADDRESS CITY-ST-ZIF DAYTONA BEACH, FL 32118 CITY-ST-ZIP 32176 TITLE □ Delete ПΠЕ □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DTI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP

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. ting/ Changra

SIGNATURE:

8/26/05 386 677 1450

FILED