2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 16, 2005 8:00 am Secretary of State 03-16-2005 90292 040 ****50.00

1. Entity Name PERRY'S OCEAN EDGE RESORT, LLC								05 10 2 005	, y 0, 2, y 2		30.00	
Principal Place	e of Busines:	5	Mailing A	Address			\dashv	MOONTITT				
2209 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			2209 S	2209 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118								
2. Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				Chg-LLC	CR2E08	3 (10/03)		
City & State			City &	City & State			4. FEI Number 20-0341999				plied For t Applicable	
Zip	Country		Zip	<u> </u>				of Status Desired	LJ F	5.00 Add se Required		
	6. Name	and Address of Curre	nt Registered /	egistered Agent			7. Name and Address of New Registered Agent Name					
GORNTO, 149 S. RID DAYTONA	GEWOO	D AVENUE, SUITE	550	0			Street Address (P.O. Box Number is Not Acceptable)					
•, •												
						City			FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed	or printed harne of registered agr	ant and time it applica	DIS. (NOTE	registere	u Agenii signature rei	equired when reinstating)		DATE			
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9.		MANAGING MEM	BERS/MANAG	ERS	10.		1	ADDITIONS/	CHANGES			
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11. I hereby o	L certify that th	e information supplied v	vith this filing dr	oes not qualify for	the exe	mption stated i	in Section 119.07(3)	(i), Florida Statutes 1	further certif	v that the in	nformation	
indicated	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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											