2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: USIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 10, 2006 8:00 am Secretary of State

DOCUMENT # L03000029707 1. Entity Name OCEAN VISTAS DAYTONA, LLC.								03-10-2006 9	00131 03	6 ****5().00
Principal Plac		Mailing Address	~								
1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250			1548 THE GREENS WAY, STE. 3 Jacksonville Beach, FL 32250								
MCKSONVILLE BEAGI, IE 32230			TANKSONVILLE DEADIT, I'E SEESO			PRESIDE 44 E	sisa idili Balii Szili Asili		(PRI) 7818 (118		
2. Principal Place of Business			3. Mailing Address								
2. Timelpartiace of business			e. Maning Accorded				BIBU 18911 6 0111 BUIL 00131		. 581 58 188	15] 8	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02162006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State				4. FEI Number 20-0145	113		-	plied For Applicable
Zip	Country		Zip	Countr			5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current i			egistered Agent	Γ	7. Name and Address of New Registered Agent						
					Name						
1548 THE	EDWARD R JR GREENS WA' VILLE BEACH	Y, STE. 3			Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	VILLE BEACH	, FL 32230									
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
								84-1			
Filing Fee Is \$50.00 Due by May 1, 2006									check pa Departme	nt of State	•
9.		MANAGING MEMBER	S/MANAGERS				ADDITIONS/	ONS/CHANGES			
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CITY-ST-ZIP		E BEACH, FL 3225			-ST-ZIP						
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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 maturity 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 trust e empowered to execute this report as required by Chapter 608, Florida Statutes.											