

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041558

Entity Name: ORMOND BEACH INVESTMENT, LLC

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

320 RODEO ROAD STE. 200
ORMOND BEACH, FL 32174

New Principal Place of Business:

1012 BRIELLE AVE
OVIEDO, FL 32765

Current Mailing Address:

320 RODEO ROAD STE. 200
ORMOND BEACH, FL 32174

New Mailing Address:

1012 BRIELLE AVE
OVIEDO, FL 32765

FEI Number: 20-0361921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPRE, JAMES
320 RODEO ROAD STE. 200
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

DUPRE, JAMES
1012 BRIELLE AVE
OVIEDO, FL 32765 US

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.

SIGNATURE:

02/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUPRE, JAMES
Address: 320 RODEO ROAD STE. 200
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: BARONE, DENISE M
Address: 320 RODEO ROAD STE. 200
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUPRE, JAMES
Address: 1012 BRIELLE AVE
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Change () Addition
Name: BARONE, DENISE M
Address: 1012 BRIELLE AVE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES G DUPRE

MR

02/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date