2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90126 035 ****50.00

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04192004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000044150

1. Entity Name
DAYTONA LANDING HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
873 STERTHAUS AVENUE, SUITE 305 ORMOND BEACH, FL 32174	873 STERTHAUS AVENUE, SUITE 305 ORMOND BEACH, FL 32174

2. Principal Place of Business	3. Mailing Address
8 Mirror Lake	PO Box 731822
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: USA	Zip: 32173 Country: USA

4. FEI Number: 20-0596806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONLAD, DAVID J
873 STERTHAUS AVENUE, SUITE 305
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: David J McDonald
Street Address (P.O. Box Number is Not Acceptable): 8 Mirror Lake Suite A
City: Ormond Beach FL Zip Code: 32174

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: David McDonald DATE: 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAYTONA LANDING HOLDINGS, L.L.C.		NAME		
STREET ADDRESS	873 STERTHAUS AVENUE, SUITE 305		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		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
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: David McDonald 4/27/04 386-673-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #