## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Feb 01, 2006 08:00 AN DOCUMENT # L04000028581 **Secretary of State** 1. Entty Name COOK OCEAN FRONT, LLC Principal Place of Business Mailing Address 315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 20-1257201 Not Applicate Zíp Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORNTO, L.A. JR. Street Address (P.O. Box Number is Not Acceptable) 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH FL 32114 City 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, typ-d or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) TUULDU414028 FILE NOW!!! FEE IS \$50.00 (12/11/06-80019-016 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Change Addis Delete MGR NAME COOK, DOUGLAS M NAME STREET ADDRESS STREET ADDRESS 315 N. ATLANTIC AVENUE CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete TITLE Change ☐ A¢dilii TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete HLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUTY-ST-ZIP Change A. J. Hills ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition | BULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addisa THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 speiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MA

Daylime Phone #

SIGNATURE:

SIGNATURE AND TYPED OF