2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039057

CITY-ST-ZIP

SIGNATURE:

ED OR PRINTED NAME OF SIGNING MAN

Secretary of State SPECIAL EVENTS PROPERTY, LLC Principal Place of Business Mailing Address 9 S. WILD OLIVE AVE. 9 S. WILD OLIVE AVE. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01252007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1443062 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GORNTO, L.A. JR, ESQ 149 S RIDGEWOOD AVE, STE 550 DAYTONA BEACH, FL 32114 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DOAN, MARY T STREET ADDRESS 9 S. WILD OLIVE AVE. _ DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE NAME STREET ADDRESS annutil British (5) CITY-ST-Z(P IITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TIDE STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoweled to execute this report as required by Chapter 608, Florida Statutes.

GING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 02, 2007 08:00 AM