2008 LIMITED LIABILITY COMPANY

Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT 04-30-2008 90022 002 ***138.75 **DOCUMENT # L04000058114** AJ DAYTONA DEVELOPMENT, LLC 50005249 ... Principal Place of Business Mailing Address 61 W COLONIAL DR 61 W COLONIAL DR ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-1452360 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOEMAKER, JOHN B Street Address (P.O. Box Number is Not Acceptable) 61 W COLONIAL DR ORLANDO, FL 32801 City Zip Code FL 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. DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE ☐ Change Addition KODSI, ALBERT NAME 61 W COLONIAL DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Channe NAME SHOEMAKER, JOHN B NAME STREET ADDRESS 61 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 VΤ Delete TITLE ☐ Change ₄ ■ Addition TIFLE NAME COHEN, ODED NAME 61 W COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Delete TITLE Channe ☐ Addition TITLE NAME KODSI, JOSEPH NAME STREET ADDRESS 1499 W PALMETTO PK RD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33846 ☐ Delete ☐ Change Addition TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 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, Plorida Statutes.

ODED COHEN,

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

CITY-ST-ZIP

FILED