

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000074404
 1. Entity Name
 SEDONA PROPERTIES OF DAYTONA, L.L.C.



Principal Place of Business
 5131 POST ROAD, SUITE 350
 DUBLIN, OH 43017

Mailing Address
 5131 POST ROAD, SUITE 350
 DUBLIN, OH 43017

DO NOT WRITE IN THIS SPACE



07112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1745484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CONROY, KRISTIN M
 2640 GOLDEN GATE PARKWAY, SUITE 115
 NAPLES, FL 34105

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNACCHI, ROBERT 40 LIONS PAW GRAND DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRO-COMM REALTY, LLC 5131 POST ROAD, SUITE 350 DUBLIN, OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/15/08-80003-020 138.75

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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, Florida Statutes.

SIGNATURE: John Lewis, AGENT 7/14/08 614-526-3220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #