2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074445

ISLAND HOUSE KEY WES, T, INC.

801 NORTH PENINSULA DR.

City-St-Zip: DAYTONA BEACH, FL 32118 US

Name:

Address:

Entity Name: HISTORICAL INNS OF DAYTONA BEACH, LLC

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ER BEACH AVE A BEACH, FL 32118 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 2 DAYTONA	265173 A BEACH, FL 32126 US			
FEI Number	: 55-0884358 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:	
111 SILVE	LLO, MICHAEL JR. ER BEACH AVE A BEACH, FL 32118 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	d Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete PARKER HENDRIX INVES, TMENTS 1209 S. PENINSULA DR. DAYTONA BEACH, FL 32118 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SMRJJM, INC., 111 SILVER BEACH AVE. DAYTONA BEACH, FL 32118 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete THE COQUINA INN BED, & BREAKFAST 544 S. PALMETTO AVE. DAYTONA BEACH, FL 32114 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN DUNN MGR 03/20/2006