


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 SEP 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000001814	
1. Entity Name TOMOKA RIVER SUITES, LLC	

Principal Place of Business 449 PALM AVENUE ORMOND BEACH, FL 32174	Mailing Address 449 PALM AVENUE ORMOND BEACH, FL 32174
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2. Principal Place of Business 36 Twelve Oaks Trail Suite, Apt. #, etc.	3. Mailing Address 360 Twelve Oaks Trail Suite, Apt. #, etc.
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City & State Ormond Beach, FL 3217	City & State Ormond Beach, FL
Zip 32174	Country US

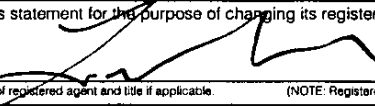
09072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 227-15-1859	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWEET, JEFFREY C 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174

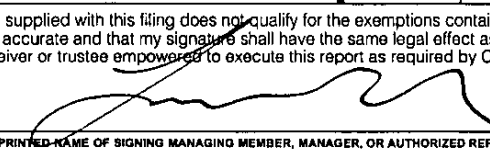
7. Name and Address of New Registered Agent Name Lorne Marandino Street Address (P.O. Box Number is Not Acceptable) 36 Twelve Oaks Trail City Ormond Beach FL Zip Code 32174

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 9/8/06

Filing Fee is \$50.00 Due by September 15, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEET, JEFFREY C 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Lorne Marandino 36 Twelve Oaks Trail Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 9/8/06 Daytime Phone #