

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90101 036 \*\*\*138.75

**DOCUMENT # L05000002162**

1. Entity Name

DEBARY PLANTATION CONDOMINIUM, LLC



Principal Place of Business

5889 SOUTH WILLIAMSON BLVD., SUITE 14  
PORT ORANGE FL 32128

Mailing Address

5889 SOUTH WILLIAMSON BLVD., SUITE 14  
PORT ORANGE FL 32128



2. Principal Place of Business - No P.O. Box #

5889 South Williamson Blvd

3. Mailing Address

5889 South Williamson Blvd

Suite, Apt. #, etc.

Suite 1417

Suite, Apt. #, etc.

Suite 1417

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32128

Country

Zip

Country

4. FEI Number

20-2180742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Hall, Robert A

Street Address (P.O. Box Number is Not Acceptable)

2795 Spruce Creek Blvd

Daytona Beach

City

FL

Zip Code

32124

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)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HALL, ROBERT A  
STREET ADDRESS 5889 SOUTH WILLIAMSON BLVD STE 1417  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☒ Delete  
NAME HALL, ROBERT A  
STREET ADDRESS 5889 SOUTH WILLIAMSON BLVD., SUITE 1419  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytona Phone #