

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90032 023 \*\*\*\*50.00

00055478



04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2224618** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GLASS, THOMAS G  
100 LA COSTA LANE, SUITE 140  
DAYTONA BEACH, FL 32114

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **MGM REAL ESTATE GROUP, INC.**  
STREET ADDRESS **100 LA COSTA LANE, SUITE 140**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **GLASS, THOMAS G.**  
STREET ADDRESS **100 LA COSTA LN #140**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **PANAGGIO, MICHAEL J.**  
STREET ADDRESS **2441 BELLEVUE AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **WALTHER, MICHAEL J.**  
STREET ADDRESS **2441 BELLEVUE AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **HAYNES, MICHAEL**  
STREET ADDRESS **100 LA COSTA LN #140**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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 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:** THOMAS G. GLASS 5/1/06 386274-1422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #