

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90018 024 ****50.00

DOCUMENT # L05000012030	
1. Entity Name DAYTONA BEACH OCEANFRONT, LLC	

Principal Place of Business 3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	Mailing Address 3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
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2. Principal Place of Business 4 Daggett Cove Circle	3. Mailing Address 4 Daggett Cove Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce Inlet FL	City & State Ponce Inlet, FL
Zip 32127	Zip 32127
Country USA	Country USA

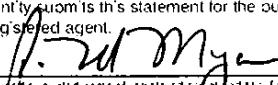


02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2278922	Assessed For ☐ Not Assessed
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, PHILLIP T 3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	7. Name and Address of New Registered Agent Name Ph. H. P. T. Morgan Street Address (P.O. Box Number is Not Acceptable) 4 Daggett Cove Circle City Ponce Inlet FL Zip Code 32127
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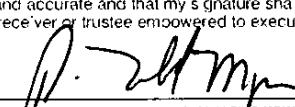
I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  4/26/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MORGAN, PHILIP T 4 DAGGETT CIRCLE PONCE INLET, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FORNARI, LARRY J 3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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:  4/26/06

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