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	Mailing Address
3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118

02102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
4 Daggott Cove Circle		4 Daggott Cove Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ponce Inlet Fl		City & State: Ponce Inlet, Fl	
Zip: 32127	Country: USA	Zip: 32127	Country: USA

4. FEI Number: 20-2278922 ☐ 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
MORGAN, PHILLIP T 3301 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118	Name: Phillip T. Morgan Street Address (P.O. Box Number is Not Acceptable): 4 Daggott Cove Circle City: Ponce Inlet FL Zip Code: 32127

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: P. W. Myer 4/26/06

Signature, typed or printed name of registered agent and title if applicable (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			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MORGAN, PHILIP T 4 DAGGET 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: P. W. Myer 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #