FILED
Jul 10, 2006 8:00 am
Secretary of State
05-01-2006 90079 048 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000018168

1. Entity Name
FIFTEEN SOUTH WILD OLIVE, LLC

Principal Place of Business	Mailing Address
9 S. WILD OLIVE AVE DAYTONA BEACH, FL 32118	9 S. WILD OLIVE AVE DAYTONA BEACH, FL 32118

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2620676 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GORNTO, L.A. JR, ESQ
149 S RIDGEWOOD AVE, STE 550
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 ______________________
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	MGR DOAN, MARY T 9 S WILD OLIVE AVE DAYTONA BEACH, 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
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
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.

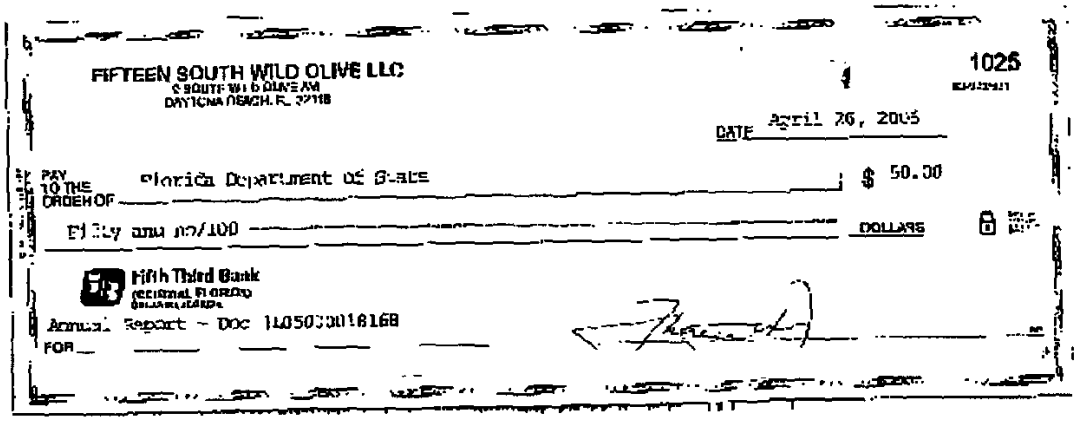
SIGNATURE: ______________________ 4-26-06 386-248-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300117600
#L05000018168

Fifth Third Bank

Check # 1025

Amount:	$50.00	Date Posted:	05/12/2006
Account Number:	TOTALLY FREE BUSINESS CHECKIN CHECKING XXXXXX4119		



FIFTEEN SOUTH WILD OLIVE LLC
15 SOUTH WILD OLIVE AVE
DAYTONA BEACH, FL 32118

1025

DATE April 26, 2006

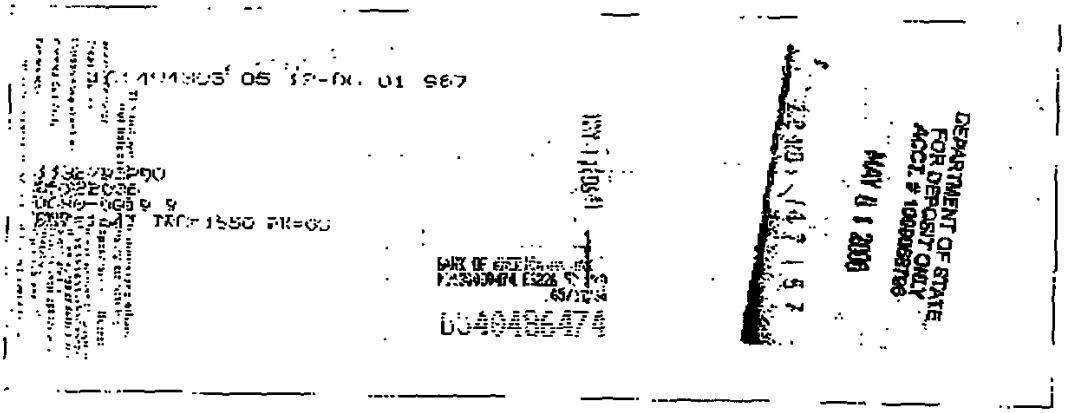
PAY TO THE ORDER OF Florida Department of State $ 50.00

Fifty and no/100 DOLLARS

Fifth Third Bank
CENTRAL FLORIDA

Annual Report - Doc L05000018168

FOR



DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100000276

MAY 01 2006