## 2008 LIMITED LIABILITY COMPANY

## Mar 03, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000039208** 03-03-2008 90405 007 \*\*\*138.75 21ST CENTURY GDA CLOAR BEACHES, LLC Principal Place of Business Mailing Address PUUTSTAN 120 E. GRANADA BOULEVARD **POST OFFICE BOX 2652** ORMOND BEACH, FL 32176-6630 US ORMOND BEACH, FL 32176-2652 2. Principal Place of Business - No P.O. Box # Mailing Address O BOX 444 SEABREEZE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc 02282008 Cha-LLC CR2E083 (12/06) 640 City & State 4. FEI Number Applied For DAYTONA BEACH SWOMO 20-2791088 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, MICHAEL 444 SEABREEZE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 10001** DAYTONA BEACH, FL 32118 City 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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE !\$ \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition TJ CLOAR TRUSTEE OF THE TJ CLOAR TRUST NAME NAME 444 SEABREEZE BOULEVARD, SUITE 1001 STREET ADDRESS STREET ADDRESS DAYTONA BEACH,, FL 32118 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition GDA INVESTMENTS, LTD, A FLORIDA LIMITED NAME NAME STREET ADDRESS 444 SEABREEZE BOULEVARD, SUITE 1001 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 21ST CENTURY INVESTMENTS FUND, NO.1, LLC NAME STREET ADDRESS 444 SEABREEZE BOULEVARD, SUITE 1001 STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 report curvatee empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED