



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 020 \*\*\*138.75

<b>DOCUMENT # L05000065494</b> 1. Entity Name <b>OLD DAYTONA DEVELOPMENT, LLC</b>					
Principal Place of Business <b>813A FLIGHTLINE BLVD DELAND, FL 32724</b>			Mailing Address <b>3623 ROYAL FERN CIRCLE DELAND, FL 32724</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BOOKER, KIM C 2582 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763</b>				7. Name and Address of New Registered Agent Name <u><b>Kim C. Booker</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>1019 TOWN CENTER DRIVE #201</b></u> City <u><b>ORANGE CITY</b></u> FL Zip Code <u><b>32763</b></u>	
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 <u><b>Kim C. Booker</b></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><b>2/1/08</b></u>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MACNAUGHTON, THOMAS 3623 ROYAL FERN CIRCLE DELAND, FL 32724</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><b>[Signature]</b></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u><b>2-1-08</b></u> 3868484956 Daytime Phone #	