

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90049 039 \*\*\*\*50.00

**DOCUMENT # L05000073581**

1. Entity Name  
**DAYTONA ATLANTIC DEVELOPMENT LLC**



Principal Place of Business  
**2601 S. BAYSHORE DR. SUITE #200  
MIAMI, FL 33133**

Mailing Address  
**2601 S. BAYSHORE DR. SUITE #200  
MIAMI, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3209030**

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

**ROSSZ FIU CORPORATION  
201 SOUTH BISCAYNE BLVD., SUITE 850  
MIAMI, FL 33131**

Name **EDUARDO AVILA**

Street Address (P.O. Box Number is Not Acceptable) **2601 S. BAYSHORE DR #200**

City **MIAMI**

FL

Zip Code  
**33133**

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.

**EDUARDO AVILA**

(NOTE: Registered Agent signature required when reinstating)

**3/29/06**

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 **MGR** ☐ Delete  
NAME **AVILA, EDUARDO**  
STREET ADDRESS **201 SOUTH BISCAYNE BLVD., SUITE 850**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME **2601 S. BAYSHORE DR #200**  
STREET ADDRESS **MIAMI, FL 33133**  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **AVILA, CARLOS**  
STREET ADDRESS **201 SOUTH BISCAYNE BLVD., SUITE 850**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME **2601 S. BAYSHORE DR #200**  
STREET ADDRESS **MIAMI, FL 33133**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SIMKINS, RON**  
STREET ADDRESS **1172 S. DIXIE HWY #567**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **STEVE REILLY**  
STREET ADDRESS **5999 SW 44 TERR**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**EDUARDO AVILA**

**EDUARDO AVILA**

**3/29/06**

**305-857-0400**

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

Date

Daytime Phone #