## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000073581

Name:

Address:

City-St-Zip:

REILLY, STEVE

MIAMI, FL 33155

5999 SW 44TH TERR

Entity Name: DAYTONA ATLANTIC DEVELOPMENT LLC

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2601 S. BAYSHORE DR. SUITE #200 2601 S. BAYSHORE DR. MIAMI, FL 33133 200 MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 2601 S. BAYSHORE DR. SUITE #200 2601 S. BAYSHORE DR. MIAMI, FL 33133 200 MIAMI, FL 33133 FEI Number: 20-3209030 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AVILA, EDUARDO AVILA, EDUARDO 2601 Ś BAYSHORE DR, # 200 2601 S BAYSHORE DR. MIAMI, FL 33131 200 MIAMI, FL 33131 US 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. SIGNATURE: EDUARDO AVILA 04/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete AVILA, EDUARDO Name: Name: 2601 S BAYSHORE DR, # 200 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: AVILA, CARLOS Name: Address: 2601 S BAYSHORE DR. # 200 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SIMKINS, RON Name: Name: 1172 S DIXIE HYW, # 567 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDUARDO AVILA MGR 04/28/2009