

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 30, 2007  
Secretary of State**

DOCUMENT# L05000077513

Entity Name: D&S DAYTONA, LLC

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 2475  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 2475  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARDO, JEFFREY J  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 2475  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARDO, STEVAN J  
Address: 2 SOUTH BISCAYNE BOULEVARD, SUITE 2475  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: STAUBER, DANIEL  
Address: 2601 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STEVAN PARDO                      MGRM                      01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date