

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097228

Entity Name: GARDENS PLAZA ORMOND, LLC

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

1455 NORTH US 1, SUITE 700
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1455 NORTH US 1, SUITE 700
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-4167434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VANACORE, TODD
1455 NORTH US 1, SUITE 700
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HAYES, TERRI
1450 NORTH US 1, SUITE 700
ORMOND BEACH, FL 32174 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: TERRI HAYES

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VANACORE, SCOTT
Address: 1455 NORTH US 1, SUITE 700
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: VANACORE, TODD
Address: 1455 NORTH US 1, SUITE 700
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VANACORE, SCOTT
Address: 1450 NORTH US 1, SUITE 700
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: VANACORE, TODD
Address: 1450 NORTH US 1, SUITE 700
City-St-Zip: ORMOND BEACH, FL 32174

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: SCOTT VANACORE

MGRM

02/07/2006

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