2006 LIMITED LIABILITY COMPANY

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000100608 05-02-2006 90042 040 ****50.00 FLAMINGO DAYTONA, LLC Principal Place of Business Mailing Address 20043161 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3647987 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMON, URSULA Street Address (P.O. Box Number is Not Acceptable) 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change Addition TITLE TITLE ☐ Delete AMON Investments, MLC NAME NAME 211 E. International Speedway Blud STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FI 32118 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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FILED

Daytime Phone #