

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90223 041 ***138.75

DOCUMENT # L06000012924

1. Entity Name
1040 PALM COAST PARKWAY CB, L.L.C.



Principal Place of Business
C/O CHARLES WAYNE PROPERTIES, INC.
444 SEABREEZE BLVD., SUITE 1000
DAYTONA BEACH, FL 32118

Mailing Address
C/O CHARLES WAYNE PROPERTIES, INC.
444 SEABREEZE BLVD., SUITE 1000
DAYTONA BEACH, FL 32118

60022410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

95-6960679

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHIUMENTO, MICHAEL D III
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

Name
Charles S. Lichtigman
Street Address (P.O. Box Number is Not Acceptable)
c/o Charles Wayne Properties, Inc.
444 Seabreeze Blvd., Suite 1000
City
Daytona Beach **FL** Zip Code
32118

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
LICHTIGMAN, CHARLES
STREET ADDRESS
444 SEABREEZE BLVD., SUITE 1000
CITY-ST-ZIP
DAYTONA BEACH, FL 32118 ☐ Delete

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

TITLE
NAME
MGR
LIGHTMAN, EDWARD
STREET ADDRESS
444 SEABREEZE BLVD., SUITE 1000
CITY-ST-ZIP
DAYTONA BEACH, FL 32118 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Charles S. Lichtigman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/7/08
Date

386 238 3600
Daytime Phone #