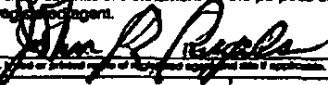
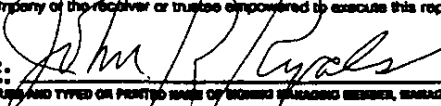


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

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03-14-2007 90212 030 ****50.00
07-09-2007 90114 025 ****50.00

DOCUMENT # L06000018103					
1. Entity Name 23 TOMOKA OAKS BLVD., LLC					
Principal Place of Business 23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174			Mailing Address 23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 20 Eagle Court Suite, Apt. #, etc.			3. Mailing Address 20 Eagle Court Suite, Apt. #, etc.		
City & State Ormond Beach, FL			City & State Ormond Beach, FL		
Zip 32174		Country U.S.A.		4. FEI Number 20-4336948	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RYALS, JOHN R 23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Ryals, John R. Street Address (P.O. Box Number is Not Acceptable) 20 Eagle Court City Ormond Beach FL Zip Code 32174		
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  DATE July 5, 2007 (Signature, Name or Printed Name of Registered Agent required when reappointing)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JOHN R. RYALS 20 EAGLE COURT ORMOND BEACH, FL 32174			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME 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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			8/6/07 (386) 677-5931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

COPY ON File 8/6/07