2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State
03-14-2007 90212 030 ****50.00
07-09-2007 90114 025 ****50.00

07042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000018103

1. Entity Name
23 TOMOKA OAKS BLVD., LLC

Principal Place of Business	Mailing Address
23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174	23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20 Eagle Court	20 Eagle Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: U.S.A.	Zip: 32174 Country: U.S.A.

4. FEI Number: 20-4336948 ☐ Applied For ☐ Not Applicable

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
RYALS, JOHN R 23 TOMOKA OAKS BLVD. ORMOND BEACH, FL 32174	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: [signature] July 5, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 8/6/07 (386) 677-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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