2008-LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000038185

1. Entity Name

SEMINOLE APARTMENTS OF DAYTONA, LLC



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1428 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118 1428 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-2357518

Applied For Not Applicable

., ,

5. Certificate of Status Desired

\$5.00 Additional Fee Réquired .

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114

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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

| 9. | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------|
| TITLE | MGR |
| NAME | BOND, JAY D JR. |
| STREET ADDRESS | 1428 N. HALIFAX AVENUE |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TISLE | MGR |
| NAME | ADAMEK, PAUL |
| STREET ADDRESS | 623 MARINA POINT DRIVE |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-S)-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | ** , |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP. | |

U00000807769 02/07/08-80021-019 143.75

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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:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/08 (386

316-244

Daytime Phone #