

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069056

FILED
Feb 16, 2007
Secretary of State

Entity Name: ORMOND BEACH PROPERTIES, LLC

Current Principal Place of Business:

8278 A1A SOUTH
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

8278 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5194079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, THOMAS C SR
8278 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DORN, MELINDA
8278 A1A SOUTH
ST AUGUSTINE, FL 32080 US

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.

SIGNATURE: MELINDA DORN

02/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DORN, THOMAS C SR
Address: 8278 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Delete
Name: MAROTTA, THOMAS N
Address: 40 OAK VIEW CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ZAMRIN, JOSEPH T
Address: 3015 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Change (X) Addition
Name: KELLER, JANICE
Address: 3015 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Change (X) Addition
Name: PERKINS, GREGG
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS DORN

MGR

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date