

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000080237

1. Entity Name
NEW DAWN DAYTONA GP, LLC



Principal Place of Business
2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133

Mailing Address
2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133

FILED

08 AUG -4 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-5334608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLMICK, NEIL S ESQ
2525 PONCE DE LEON BOULEVARD, SUITE 400
MIAMI, FL 33134-6012

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IN THIS SPACE**

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEW DAWN HOLDINGS, LLC
2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KEY REAL ESTATE DEVELOPMENT, CORP
2601 SOUTH BAYSHORE DRIVE SUITE 200
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

07/30/08--01042--004 **777.50

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IN THIS SPACE**

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: Jack Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #