2008 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT					ı		
DOCUMENT	#L07000012	610			27.0	L.	E		
1. Entity Name PERFORMANCE	PROPERTIES OF I	DAYTONA, LLC				08	FEB 15 PARE TARRY OF	ED	
Principal Place of Business 909 BELVILLE ROAD SOUTH DAYTONA, FL 32119		Mailing Address 909 BELVILLE ROAD SOUTH DAYTONA, FL 32119		BYC		TALL A	RETARY OF HASSEE, F	9 3: 50 State Logical Indiana	es i (# 166)
2. Principal Place of Busi	ness - No P.O. Box #	3. Mailing Address		1-71-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01212008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Number			No	plied For t Applicable
Zip	Country	Zip	Coun	try			f Status Desired	\$5.00 Add Fee Required	
6. Nam	e and Address of Current	Registered Agent		Nesses		7. Name and A	ddress of New R	egistered Agent	
DANIELS, DOUGLA 501 N. GRANDVIEV DAYTONA BEACH,	WAVE., 3RD FLOOR			Street Add	dress (ervice Cor is Not Acceptable eet		
				City	 [all	ahassee		FL Zip Cod	 01
8. The above named enti- the obligations of regis	ity submits this statement fo	r the purpose of changing its	s register	L			, in the State of Flo		
SIGNATURE Signature, type	yud, Marinted name of registered agent a	LOUS (NOT		s agent		1 when reinstating)	_	2/15/08 DATE	
	FEE IS \$138.75 Fee will be \$538.75	3		14	K			e check payable to a Department of State	,
9.	MANAGING MEMBE	RS/MANAGERS	10.		t-		ADDITIONS	/CHANGES	
STREET ADDRESS 909 BEL	DN, DAVID VILLE ROAD DAYTONA, FL 32119	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				70	00118	13055	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
IITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete						· Change	Addition
indicated on this rep	ort is true and accurate and	n this filing does not qualify to I that my signature shall have e empowered to execute this	e,∕th¢ sam	re legal effec	t as if r	made under oath; oter 608, Florida S	that I am a mana	urther certify that the info ging member or manage	ormation er of the
SIGNATURE	AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, M.	ANAGER, O	R AUTHORIZED	REPRES		Date	Daytime Phone #	

	ACCOUNT NO.	:	0721000	00032	09 FEB 15 PM1	4
	REFERENCE	:	447209	729	14:L/1\$:/`E.'_ 94749	URIĐ
	AUTHORIZATION	:	Soul	Eles	ran	
	COST LIMIT	:	\$138.75			
ORDER DATE :	February 15, 200	8				
ORDER TIME :	11:40 AM					
ORDER NO. :	447209-010				OBF SEC	
CUSTOMER NO:	7294749				EB 15 AHAS	=
	ANNUAL REPO	RT	13,		PH 3: 50	- 5
NAME:	PERFORMANCE P DAYTONA, LLC	ROPI	RTIES O	F	D .	
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF F	ILING:		
XX PLAIN	STAMPED COPY					

EXAMINER:

CONTACT PERSON: Joyce Markley -- EXT# 2930