

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90494 001 \*\*\*277.50

DOCUMENT # L07000119113  
 1. Entity Name  
 DAYTONA TOWER DEVELOPMENT, LLC



Principal Place of Business  
 209 S HALIFAX AVE  
 DAYTONA BEACH, FL 32118

Mailing Address  
 211 E INTERNATIONAL SPEEDWAY BLVD  
 DAYTONA BEACH, FL 32118

30004013



2. Principal Place of Business - No P.O. Box #  
 211 E Int'l Speedway Blvd  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02062008 Chg-LLC CR2E083 (12/06)

City & State  
 Daytona Beach FL

City & State

Zip  
 32118

Country

4. FEI Number  
 26-1511632

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AMON, URSULA  
 211 E INTERNATIONAL SPEEDWAY BLVD  
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent  
 Name  
 MIKE DURANCEAU - CPA  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 LA COSTA LANE #100  
 City  
 Daytona Beach FL Zip Code  
 32114

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: Michael Duranceau DATE: 4/11/08  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC DEVELOPMENTS, LLC 211 E INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: 4/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE