2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L08000043825

Entity Name: NICE DAYTONA LLC

Current Principal Place of Business:

1909 S. ATLANTIC AV.
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

2171 KENDALL COURT
DELTONA, FL 32738 US

New Mailing Address:

2154 AUSTIN AVE
DELTONA, FL 32738 US

FEI Number: 26-2523232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FUNCOAST REALTY LLC
313 S. ATLANTIC AV.
SUITE A
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

CALVO, RICARDO G
2154 AUSTIN AVE
DELTONA, FL 32738 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: RICARDO CALVO 04/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CALVO, RICARDO G
Address: 2171 KENDALL COURT
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM ( ) Delete
Name: MENDOZA, ANA M
Address: 2171 KENDALL COURT
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CALVO, RICARDO G
Address: 2154 AUSTIN AVE
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM (X) Change ( ) Addition
Name: MENDOZA, ANA M
Address: 2154 AUSTIN AVE
City-St-Zip: DELTONA, FL 32738 US

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO CALVO MGRM 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date