Jun-12-02 12:00pm From-SH&d LLP 4 305-577-7001 T-494 P.002 F-962

FILED
02 JUN 24 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002105

1. Entity Name
DAYTONA HAWAIIAN, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2301 S. Atlantic Ave.
Suite, Apt. #, etc.
City & State Daytona Beach Shores, Florida
Zip 32118
Country

3. Mailing Address
6165 Carrier Drive
Suite, Apt. #, etc.
City & State Orlando, FL
Zip 32819
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3586206 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Dorshel, Gary
Street Address (P.O. Box Number is Not Acceptable) Holiday Inn
4949 Gulf of Mexico Drive
City Longboat Key FL Zip Code 34228

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Mason, Kenneth F. 6201 North Kings Hgwy Alexandria, VA 22302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083E (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth F. Mason
Kenneth F. Mason, Manager 6/12/02 703-768-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #