2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Feb 19, 2008 08:00 AN Secretary of State DOCUMENT # L99000002606 1. Entity Name DAYTONA INVESTMENTS, L.C. Principal Place of Business Mailing Address 801 RIDGEWOOD AVENUE 801 RIDGEWOOD AVENUE HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 59-3574956 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDERSEN, MICKY Street Address (P.O. Box Number is Not Acceptable) **801 RIDGEWOOD AVENUE HOLLY HILL FL 32117** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or potn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crimted name of registered agent and title if appreciate (NOTE: Registered Agent signature required when remetating) 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 ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change Control Addition PEDERSEN, MICKY HAME NAME U00000833429 STREET ADDRESS 801 RIDGEWOOD AVENUE STREET ADDRESS 02/28/08-80013-002 138.75 CITY - ST- ZIP DAYTONA BEACH FL 32114 CITY-57-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delote TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF

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SIGNATURE: MICKY POSSON 2-13-08 386-383-970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE COMP.

COMP. Depict a Print of Authorized Representative Comp.

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.