2001	LINSTODM	BUGINESS	DEDORT	/IIPD
2001	MILOUM	BUSINESS	NEPUNI	(UDN)

1. Entity Nar	JIVIE∷NI me	# M000	00000667				•	•	, a		
•		ORMOND BEACH	I, LLC				1	FILE	n		
							FILED				
Principal Plac	ce of Busines	SS	Mailing Address				2001 AP	R 30 A	M 10: 38	,	
502 CEDAR STREET 502 CEDAR STREET					DIVIZION	OF CORP	ORATIO	NS			
ORMOND DE	EACH FL 3217	70	ORMOND BEACH FL	32173				iassēē,	FLORIDA	Д а е нны пень н ес ь	
2. Principal f	Place of Busi	ness	3. Mailing Address		 _						
5/5	TOMO		P.O. 20	12	572			T	marri Adria Atili	4 41(1) (49) (89)	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DÓ NOT WE	RITE IN THIS	SPACE		
City & Sta	540	Besol	City & State	Alm	ach	4. FEII	Number 91-200535			pplied For	
i i Zip	<u>/</u>	Country	Zip	Cpu	ntry	E Cod	ficate of Status Desired		\$5.00 Ad	ot Applicable	
321	77 6 Name	e and Address of Current	32/75	Va	LUSTA		e and Address of New	<u> </u>	Fee Require		
	0. 140	and Address of Carrent	Hogisterou Agent		Name	7. Nam	e and Address of New	negistered /	-tgent		
	OUGLAS S				Street Addr	ess (P.O. Box N	lumber is Not Acceptab	e)	-		
	AR STREET				<u> </u>						
URMUNL	BEACH F	£ 32176			City	-		FL	Zip Cod	 le	
8 The above	named entit	ly submits this statement fo	r the nurnose of changing	ite enister	red office or rec	istored agent	or both in the State of F	_			
	714.104.01.01	y sast no data man	, the perpose of entanging	tto oglotoi	ou cince ai reg	jotorou agont,	or boars, in the state of the	onou.			
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (N	IOTE Registere	ed Agent signature re	quired when reinstati	ng)	DATE			
			FII F	NCWIII	 FEE IS \$50.						
			Make Check								
9.		MANAGING MEMBE	RS/MEMBERS	<u> </u>			ADDITIONS	/CHANGES			
TITLE	MGR		☐ Detete	ŤΙΤΙ	J	-			Change	Addition	
vanie Street address		ors development g Ar street	ROUP, LLC	NAM STR	AE EET ADDRESS		•				
CITY-ST-ZIP		BEACH FL 32176		CITY	r-ST-ZIP						
TITLE Name	'		☐ Delete	TITL NAM	1	٠			☐ Change	☐ Addition	
STREET ADDRESS			••		EET ADDRESS		400004 -05/17	221: 7010	3 94 -	- -8 115 .	
CITY-ST-ZIP Title			□ Delete	TITL	(-ST-ZIP			50.00	#####5	O BO	
NAME			Ollow	NAM	AE }		•				
STREET ADDRESS ! City-St-Zip					EET ADDRESS !-ST-ZIP	<					
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
NAME STREET ADDRESS			••*	NAM STRE	ie Eet address						
CITY-ST-ZIP	·			1	r-ST-ZIP						
TITLE NAME	•		☐ Delete	TITLI NAM	,		•	,	Change	☐ Addition	
TR. ADDRESS				STRE	EET ADDRESS			ζ ~			
CITY-ST-ZIP					'-ST-ZIP		•			F7 42.00-	
ITLE*		•	☐ Delete	TITLI NAM	J		•		Change .	☐ Addition	
STREET ADDRESS) _		EET ADDRESS -ST-ZIP		£ .				
	ertify that the	e information supplied with	this filing loes not qualify			n Section 119 (7(3)(i), Florida Statutes.	I further cert	ify that the in	nformation	
indicated limited liab	on this repor bility compan	e information symplied with it is true and accurate and iy or the receiver or rustee	hat pusignature shall have epipowered to execute this	re the same is report as	e legal effect as required by Cl	s if made under hapter 608, Flo	oath; that I am a mana rida Statutes.	ging membe	r or manage	r of the	
	/										
SIGNAT	URE: 🕹		UK MANY	W.	rus	10514	77 4/26	·0/	1074	26.730	