2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000000667

1. Entity Name
THE ARBORS AT ORMOND BEACH, LLC

Principal Place of Business	Mailing Address
515 TOMOKA AVE ORMOND BEACH, FL 32174	P.O. BOX 2572 ORMOND BEACH, FL 32175

DO NOT WRITE IN THIS SPACE

02262004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 91-2005352	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PIATT, DOUGLAS S
502 CEDAR STREET
ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U000000081679
03/08/04--80160-004 55.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	THE ARBORS DEVELOPMENT GROUP, LLC	
STREET ADDRESS	502 CEDAR STREET	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		
NAME		
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NAME		**DO NOT WRITE**
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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: _____   3/3/04   (386) 671-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #