


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000001508 1. Entity Name MARCH/HODGE/THIGPEN DAYTONA, LLC	
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Principal Place of Business 320-326 NORTH BEACH ST. DAYTONA BEACH, FL 32114	Mailing Address 354 N. BEACH STREET DAYTONA BEACH, FL 32114 US
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2560677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000936691
05/27/08-80021-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HODGE, ERNEST 7134 JONESBORO RD. MORROW, GA 30260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARCH, ANTHONY 77 LEIBERT RD. HARTFORD, CT 06120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THIGPEN, ROBERT 354 N. BEACH STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LIVINGSTON, PATRICIA J 354 N. BEACH STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08

386 2482350