

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90258 001 ***100.00

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1. Entity Name
AMPHIBIOUS ATTRACTIONS OF DAYTONA, LLC



Principal Place of Business
**1472 CRAIG COURT
PORT ORANGE, FL 32129**

Mailing Address
**P.O. BOX 265542
DAYTONA BEACH, FL 32126**

30009479



2. Principal Place of Business
314 Thackery Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05032006 Chg-LLC CR2E083 (11/05)

City & State
Ormond Beach, FL
Zip
32174 Country
Volusia

City & State
Zip Country

4. FEI Number
37-1454787 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MOSS, THOMAS
1472 CRAIG COURT
PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent
Name
LINDA COLLINS
Street Address (P.O. Box Number is Not Acceptable)
314 Thackery Rd
City
Ormond Beach FL Zip Code
32174

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 *Linda Collins* **LINDA COLLINS** **5-4-06**
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 September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STEPLOCK, LOU
805 E 2ND ST #3
CASPER, WY 82601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STEPLOCK, LOU
805 E 2nd St. #3
Casper, WY 82601** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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: *Linda Collins* **LINDA COLLINS** AUTH. REP **5-4-06** **386-843-2888**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #