2001 UNIFORM BUSINESS REPORT (UBR)							APPROYED			
DOCUMENT # M9800000797							FILED			
MARCH/HODGE DAYTONA HOLDING COMPANY, LLC							.01 APR	20 AM 9	3: 54	
							SECRETA	ARY, OF S	TATE	
Principal Place of Business Mailing Address							TALLAHA	SSEE, FL	ORIDA	
77 LEIBERT ROAD 77 LEIBERT ROAD										
HARTFORD C	1 00120		HARTFORD CT 06120				. 1 20010011 110 19101 10111 20111 00111 00111 00	ın sa jı sa lı l sa lı) (4)() (85) (46)	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc					•	_	DO NOT WRITE IN TH	IS SPACE		
City & Stat	te		City & State			4. FEII	4. FEI Number 06 - 1522286 Applied For Not Applicable			
Zip	Country		Zip	Cour	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent		Name	7. Nam	ne and Address of New Registere	d Agent		
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD							•			
PLANTATION FL 33324					City	FL Zip Code				
8. The above	named entity	submits this statement for	r the purpose of changing	its register	ed office or regis	tered agent	or both, in the State of Florida.	<u>- </u>		
	, , , , , , , , , , , , , , , , , , ,		the parpoon of changing	no regional	oo omee or regio	.o.oa ago,	or soling in the state of Fisher.			
SIGNATURE .	Signature, typed	or printed name of registered agent a	ind title if applicable. (N	OTE: Registere	d Agent signature requi	ired when reinstat	ting) . DATE			
			FILE	NOW!!!	FEE IS \$50.0	0				
					o Department					
9.		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	974	1	
TITLE Name	MGRM	NITLIONIV	☐ Defete ☐ TITLI				-04/27/01	0 1 9 49 ^{ange} (11 Addition	
STREET ADDRESS	MARCH, A 77 LEIBER	T ROAD	STRE		ET ADDRESS		*****50.00	未未未未来	.U.UU	
CITY-ST-ZIP		O CT 06120		_	-ST-ZIP			Chance	- Addition	
TITLE NAME	MGRM Hodge, e	RNEST M	☐ Delete	T/T{LE NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	RESS 7134 JONESBORO ROAD				ET AODRESS - ST-ZIP					
TITLE	MORROW	GA 30260	☐ Delete	TITLE		•		☐ Change	Addition	
NAME				NAM					:	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME Street address				NAM! STRE	E et address					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE NAME			☐ Delete	TITLE			. •	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP					
TITLE	11112		☐ Delete	TITLE				☐ Change	Addition	
NAME CONTRESS		Λ.		NAM! Strei	ET ADDRESS	٠.			1	
CITY-ST-ZIP		$\Delta \Delta \Delta$		CITY-	ST-ZIP				1	
 I hereby control indicated of the limited liab 	ertify that the on this report pility compan	information supplied with is true and adsurate and to be the receiver of trustee	this filing does not qualify hat my signature shall hav empoweled to execute th	for the exer e the same s report as	nption stated in the legal effect as if required by Cha	Section 119.0 made under opter 608, Flo	07(3)(i), Florida Statutes. I further c r oath; that I am a managing mem orida Statutes.	ertify that the in oer or manage	nformation or of the	