

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031979 SP

DOCUMENT # L00000002075

1. Entity Name  
OCEAN GRANDE SERENATA, L.L.C.

FILED

01 MAR 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8535-3 BAYMEADOWS ROAD, SUITE 153  
JACKSONVILLE FL 32256

Mailing Address  
8535-3 BAYMEADOWS ROAD, SUITE 153  
JACKSONVILLE FL 32256



2. Principal Place of Business  
3170 S. PONTE VEDRA BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
3170 S. PONTE VEDRA BLVD.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State  
PONTE VEDRA BEACH, FL

City & State  
PONTE VEDRA BEACH, FL

4. FEI Number  
59-3628179

Applied For  
Not Applicable

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

Zip  
32082

Country

Zip  
32082

Country

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DEVLIN, WALLACE R JR.  
8535-3 BAYMEADOWS ROAD, SUITE 153  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100003996441--S  
-04/13/01--01028--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7518 ALBERT TILLINGHAST DRIVE	MGR	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8535 BAYMEADOWS RD., #153	MGRM	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DAYCO HOLDING CORPORATION	MGR	STREET ADDRESS		
CITY-ST-ZIP	848 BRICKELL AVENUE, STE. 810		CITY-ST-ZIP		
	MIAMI, FL 33131				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/01 904-543-0026

CR2E083 (11/00)