

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90184 041 \*\*\*\*50.00

**DOCUMENT # L00000002075**

1. Entity Name

**OCEAN GRANDE SERENATA, L.L.C.**

Principal Place of Business

**3170 S. PONTE VEDRA BLVD.  
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**3170 S. PONTE VEDRA BLVD.  
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3628179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Devlin, Wallace R. Jr.**

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

**1548 The Greens Way, Suite #3**

City

**Jacksonville Beach**

FL

Zip Code

**32250**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **DEVLIN, WALLACE**  
 STREET ADDRESS **7518 ALBERT TILLINGHAST DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGRM** ☐ Delete  
 NAME **DEVLIN, WALLACE R JR.**  
 STREET ADDRESS **8535 BAYMEADOWS RD., #153**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **MGR** ☐ Delete  
 NAME **DAYCO HOLDING CORPORATION**  
 STREET ADDRESS **848 BRICKELL AVENUE, SUITE 810**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Devlin, Wallace R. Jr**  
 STREET ADDRESS **1548 The Greens Way, Suite 3**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)