

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90060 045 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3628179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**DERLIN, WALLACE R JR  
1548 THE GREENS WAY, SUITE #3  
JACKSONVILLE BEACH FL 32250**

## 7. Name and Address of New Registered Agent

Name **Derlin, Wallace R. Jr.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGR** ☐ Delete  
NAME **DERLIN, WALLACE R JR**  
STREET ADDRESS **1548 THE GREENS WAY, SUITE 3**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Change ☐ Addition  
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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 #

**1/24/03 904-543-0026**

CR2E083 (10/02)