
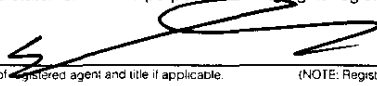
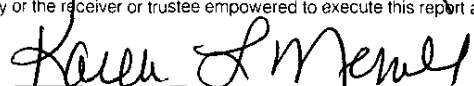


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90279 001 ****50.00

DOCUMENT # L00000003064 1. Entity Name OCEAN DRIVE AT VERO BEACH, LLC					
Principal Place of Business % DONALD C. PROCTOR 1401 HIGHWAY A1A, THIRD FLOOR VERO BEACH, FL 32963			Mailing Address % DONALD C. PROCTOR 1401 HIGHWAY A1A, THIRD FLOOR VERO BEACH, FL 32963		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 835 20th Place Suite, Apt. #, etc.			
City & State Vero Beach, Florida		4. FEI Number 59-3631105		Applied For Not Applicable	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W COLLINS, BROWN, CALDWELL ET AL. 756 BEACHLAND BLVD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name: Karen Merrill Street Address (P.O. Box Number is Not Acceptable): Elliott Merrill Commercial Mgmt 835 20th Place City: Vero Beach FL 32960		
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:  DATE: 2-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR PROPERTIES, INC. 1401 HWY A1A, 3RD FLOOR VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTTICK ENTERPRISES, INC. 1401 S. U.S. HWY 1 VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/20/04 772-569-9853 <small>Date Daytime Phone #</small>		