

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000061 AF

DOCUMENT # L00000006897

1. Entity Name  
OCEAN LINKS OF PONTE VEDRA, L.L.C.

FILED

01 APR 20 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1754 S BAYSHORE LANE  
COCONUT GROVE FL 33133

Mailing Address  
1754 S BAYSHORE LANE  
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
310 SOLANA ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
310 SOLANA ROAD  
Suite, Apt. #, etc.

City & State  
Ponte Vedra Beach, FL  
Zip  
32082  
Country  
USA

City & State  
Ponte Vedra Beach, FL  
Zip  
32082  
Country  
USA

4. FEI Number  
651016464

Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.  
20801 BISCAYNE BLVD  
SUITE 505  
AVENTURA FL 33180

## 7. Name and Address of New Registered Agent

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**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PE SESSIONS & ASSOCIATES AT PONTE VEDRA 1754 S BAYSHORE LANE COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004083940 <input type="checkbox"/> Addition -04/27/01--01026--005 *****55.00 *****55.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/01 305 8560 368  
Date Daytime Phone #

CR2E083 (11/00)