


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90552 019 \*\*\*\*50.00

DOCUMENT # *L 00000011819*

1. Entity Name  
OCEANICA LLC



**DO NOT WRITE IN THIS SPACE**

**24029732**

2. Principal Place of Business  
1545 MAIN STREET  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. BOX 330177  
Suite, Apt. #, etc.

City & State  
ATLANTIC BEACH, FL

City & State  
ATLANTIC BEACH, FL

Zip  
32233

Country  
DUVAL

Zip  
32233

Country  
DUVAL

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3672933

Applied For  
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
LUNNY, GREGORY F.

Street Address (P.O. Box Number is Not Acceptable)  
1301 RIVERPLACE BLVD # 1500

City  
JACKSONVILLE FL

Zip Code  
32207

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

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

|  |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PETER A. RODRIGUEZ<br>13612 QUEENHARBOR COURT<br>JACKSONVILLE, FL 32225 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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: *J.M. Saucy* 03-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)