


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011912</b>	
1. Entity Name <b>DEVLIN PROPERTIES OCEAN GRANDE, LLC</b>	

Principal Place of Business <b>205 S OCEAN GRANDE DR 103 PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH FL 32250</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number <b>59-3732028</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DEVLIN, WALLACE R 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH FL 32250</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEOLIN, WALLACE R JR 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH FL 32250</b> <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	<b>P MCCUE, EDWARD R JR 1548 THE GREENS WAY STE 3 JACKSONVILLE BEACH FL 32250</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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U000000037579  
02/06/04-80103-020 50.00

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

2-5-04 904-543-0026

Date

Daytime Phone #