2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000009307

1. Entity Name
OCEANGROWN, LLC

Principal Place of Business	Mailing Address
3522 SEMINOLE AVENUE FT MYERS, FL 33916	3522 SEMINOLE AVENUE FT MYERS, FL 33916

02102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2675 Broadway	P.O. Box 458
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Ft. Myers FL
Zip: 33901 Country: USA	Zip: 33902-0458 Country: U.S.A.

4. FEI Number
03-0473156
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAROLD, SCOVILL W
1605 MAIN STREET
SUITE 912
SARASOTA, FL 32436

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. 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

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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WESTON, JAMES W		NAME	
STREET ADDRESS	P.O. BOX 21101		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34276		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	U00000051955
STREET ADDRESS			STREET ADDRESS	02/16/04-80073-008 55.00
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] James W. Weston 10 FEB '04 239-334-6490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #