2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Sep 02, 2003 8:00 am Secretary of State 08-01-2003 90023 018 ****50.00

8/1/

PRODUCTION PROOF SUBSTREES STATE AND SUBST	1. Entity Nam	MENT # LO20000 EVELOPMENT PROPERTIES,						08-	01-2003 9	90023 018 *	***50.00	
Sulle, Apt. #, NO. Sulle, Apt. #, NO. Sulle, Apt. #, NO. City & State A. FE! Number of Status Decired S. Do Addition Fee Required Name Name Street Address of No. Ocean Device City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code A. Resultance of Regularized Agent North Resultance of Regularized Agent North Resultance of Regularized Agent North Resultance of Regularized Agent City FL Zip Code City FL Zip Code City FL Zip Code A. Resultance of Resultance of Regularized Agent North Resultance of Resultance of Regularized Agent North Resultance of Resultance of Regularized Agent North Resultance of Resultanc	8051 N. OCEAN DRIVE UNIT 1103		6051 N. OCEAN DRIVE UNIT 1103									
City & State Country City & State City & Sta	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address								
Country Zip Country Zip Country S. Certificate of Statu Decired S.50 Additional S.50 A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Zip Country Zip Country S. Certificate of Status Desired Status De	City & Stat	0	City & State			7	4. FEI Number 46-0484 135]
MORRIS: BARRY Sign I. O.CEAN DRIVE UNIT 1103 HOULTWOOD FL 33019 City FL Zip Code City FL Signature of registered agent, or both, in the State of Florida. I am femiliar with, and accept into only city in the property of the propert	Zip	Country	Zip	Zip Coun				ate of Status Desired		\$5.00 Ad	.00 Additional	
MORRIS: BARRY ORST IN CICEAN DRIVE UNIT 1103 City FL Zip Code 8. The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I em territar with, and accept the outligations of registered agent. SIGNATURE ON MANAGING MEMBERS MANAGERS P. MANAGING MEMBERS MANAGERS OTHER NOW!! FEE IS \$50.00 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable to Florida Repartment of State Due By September 24, 2003 Make Check Payable			Registered Agent	-		S ~ 7	. Name and	Address of N	lew Register	ed Agent		1
### 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 em familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the Obligations of registered agent. Or both, in the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept the State of Florida. I em familiar with, and accept and state of Florida. I em familiar with, and accept and state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with, and accept the state of Florida. I em familiar with and accept the state of Florida. I em familiar with and accep	6051 UNIT	N. OCEAN DRIVE 1103		Street Ad	Idress (P.C), Box Numb	er is Not Accep					
the obligations of registered agent. SIGNATURE FILE NOW!! FEE! \$50.00	mark.		City	FL Zip Code					е	İ		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Separtment of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARK 1 M	the obligat	ions of registered agent.						h, in the State			and accept	
TITLE Delete Delete TITLE Delete Delete Delet		OW!!! F	EE IS \$5 rida Dep	0.00 artment			\.			1		
NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	-	M14 5) 10	GE 10	ADDITI	ONS/CHANG		57 4 4 110 - 4	∣ଚ
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME _{R.} Street adoress	Howard Myther			ET ADDRESS	Howa 25 W	MARTIN LANE					CR2E083 (4/03)
TITLE Deleta TITLE NAME STREET ADDRESS CITY-ST-ZIP Deleta TITLE Deleta TITLE Deleta TITLE Deleta TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Deleta TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Deleta Deleta NAME STREET ADDRESS	Barry N Morric	Delete	NAME STREE	T ADDRESS	Barry	N. M.	CH PAI	~ # □	Change	Addition	18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS						Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete ITTLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filled does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am a managing member or manager of the illimited liability company or the receiver or poster improvement to execute this report as required by Chapter 608, Florida Statutes.	name Street address		☐ Dekde	name Stree	T ADORESS	-				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fill of does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate or 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 postere impossing to execute this report as required by Chapter 608, Florida Statutes. 303 435	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS				~	☐ Change	Addition	
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 poster improvement to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delete	name Stree	T ADDRESS				 	☐ Change	☐ Addition	
SIGNATURE: SIGNATURE AND TYPES ON PRINTED NAME OF BRONNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Desire Prope I	Indicated limited lial	on this report is true and accurate and billing company or the receiver or poster	that my signature shall have to	he same eport as i	legal effect required by	as if made Chapter 6	e under oath; i08, Florida S), Florida Statu that I am a m latutes.	anaging men	nber or manager	of the	

Hachment # 55055519 L0200012676

MEMO

To:

ANNUAL REPORTS SECTION

From:

Howard Witkin - Ocean Development Properties

Subject:

L02000001276

Date:

August 27, 2003

TO WHOM IT MAY CONCERN,

We are in receipt of your memo regarding the incomplete completion of our Annual Report . We have now included our FEI number; 46-0484135.

Hopefully this will conclude our submittal.

Howard Witkin

ų, į

1/2