


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90186 013 *****55.00

DOCUMENT # L02000012899	
1. Entity Name OCEAN PINES MOTEL, LLC	

Principal Place of Business 5055 A1A HWY SO MELBOURNE BEACH FL 32951 US	Mailing Address 443 EAST CIRCLE DRIVE NEW LENOX IL 60451 US
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2. Principal Place of Business 5055 S. HWY A1A	3. Mailing Address 443 E. Circle Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne Beach, FL	City & State New Lenox, IL
Zip 32951	Zip 60451
Country USA	Country USA

4. FEI Number 41-2043012	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSS, JOEL S ESQUIRE 47 NEW HAVEN AVENUE SUITE 200 MELBOURNE FL 32901	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM BRAUN, ROBERT G 443 EAST CIRCLE DRIVE NEW LENOX IL 60451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert G Braun **3/4/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #