2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State
04-30-2003 90302 001 ***300.00

44003276

DOCUMENT # L02000025046

1. Entity Name
OYSTERBAY FOUR, LLC

Principal Place of Business	Mailing Address
400 PARK AVENUE. SOUTH SUITE 220 WINTER PARK FL 32789	400 PARK AVENUE. SOUTH SUITE 220 WINTER PARK FL 32789

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
221 SHELLPOINT W	145 S. ORLANDO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 219, SUITE 4
City & State MAITLAND FL	City & State MAITLAND FL
Zip 32751 Country USA	Zip 32751 Country USA

4. FEI Number 22-3823399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARFIELD, MICHAEL 400 PARK AVENUE, SOUTH SUITE 220 WINTER PARK FL 32789	Name A212 TEJPAL Street Address (P.O. Box Number is Not Acceptable) 221 SHELLPOINT W. City MAITLAND FL Zip Code 32751

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 _____ 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Naushik Hooda 535 Julie Lane Winter Springs, FL 32708	MANAGER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nizar Hemani 9102 Southern Breeze Dr. Orlando, FL 32836	MANAGER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Garfield 2721 Bellewater Pl. Oviedo, FL 32765	MANAGER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A212 TEJPAL 221 SHELLPOINT W. MAITLAND FL 32751	MANAGER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 4/28/03 4078446819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #