2004 LIMITED LIABILITY COMPANY

Feb 16, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # L02000031629 1. Entity Name 02-16-2004 90161 032 ****50 00 OCEANWAY DEVELOPMENT, LLC Principal Place of Business Mailing Address 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 2. Principal Place of Business 3. Mailing Address GUH Blud 2000 / 2000 / Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) #5 #5 Applied For City & State City & State 4. FEI Number 01-0761344 Indian Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Pinella Fee Required 3*3 785* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAGE, STEVE Street Address (P.O. Box Number is Not Acceptable) 19535 GULF BLVD., SUITE B INDIAN SHORES FL 33785 Zip Code City 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, 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 MGR Change ☐ Delete TITLE ☐ Addition TITLE PAGE, STEPHEN J NAME NAME BULA BIND -#5 20001 STREET ADDRESS STREET ADDRESS 19535 GULF BLVD., SUITE B CITY-ST-ZIP CITY-ST-ZIP INDIAN SHORES FL 33785 TITLE MGR ☐ Delete TITLE LYONS, ROBERT E NAME NAME 19535 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN SHORES FL 33785 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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. Thereby certify that the information supplied with this filling 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

FILED