

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 016 \*\*\*\*50.00

DOCUMENT # L02000031629

1. Entity Name

OCEANWAY DEVELOPMENT, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

19535 Gulf Blvd  
Suite, Apt. #, etc.  
# B

19535 Gulf Blvd  
Suite, Apt. #, etc.  
# B

City & State  
Indian Shores, FL

City & State  
Indian Shores, FL

Zip  
33785

Zip  
33785

4. FEI Number

01-0761344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Steve Page

Street Address (P.O. Box Number is Not Acceptable)

19535 Gulf Blvd

Suite B

City

Indian Shores FL

Zip Code

33785

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.

2/13/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Stephen Page  
19535 Gulf Blvd  
Indian Shores, FL 33785

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Robert Lyons  
19535 Gulf Blvd  
Indian Shores, FL 33785

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/03

Date

727-595-0364

Daytime Phone #

CR2E083B (12/02)