

## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV 16 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L02000034273</b> 1. Entity Name OCEAN VILLA DEVELOPERS, LLC	
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Principal Place of Business 502 HARMON AVENUE PANAMA CITY, FL 32401 US	Mailing Address 502 HARMON AVENUE PANAMA CITY, FL 32401 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1276  Suite, Apt. #, etc.
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City & State Orange Beach AL	City & State Orange Beach AL	4. FEI Number 65-1167298	Applied For Not Applicable
Zip 36561	Country BALDWIN	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

11012004 REIN-LLC CR2E101 (6/04)

**8. Name and Address of Current Registered Agent**

WILLIAMS, JACK  
 502 HARMON AVENUE  
 PANAMA CITY, FL 32401

**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: 11/10/04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	Delete
MGRM	HARBOUR, C. B	<input type="checkbox"/>
STREET ADDRESS	502 HARMON AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 11/16/04--01042--016 \*\*50.00

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: DATE: 11/4/04 DAYTIME PHONE #: 251-981-5496

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

C.B. Harbour, III