2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
03 SEP 25 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007979

DOCUMENT # L02000034273

1. Entity Name

OCEAN VILLA DEVELOPERS, LLC

Principal Place of Business	Mailing Address
502 HARMON AVENUE PANAMA CITY FL 32401 US	502 HARMON AVENUE PANAMA CITY FL 32401 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1167298 ☐ 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
WILLIAMS, JACK 502 HARMON AVENUE PANAMA CITY FL 32401	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARBOUR, C. B 502 HARMON AVENUE PANAMA CITY FL 32401	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900023353489	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (1/03)

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 605, Florida Statutes.

SIGNATURE: _____ 9-24-03 251-981-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY™

L02 0000 34273

ACCOUNT NO. : 072100000032

REFERENCE : 257166 81045A

AUTHORIZATION : Patricia Pyatt BP

COST LIMIT : $ 55.00

ORDER DATE : September 25, 2003

ORDER TIME : 4:07 PM

ORDER NO. : 257166-005

CUSTOMER NO: 81045A

CUSTOMER: Mickie Prue, Legal Asst
Jack G. Williams, Esq
502 Harmon Avenue

Panama City, FL 32401

RECEIVED
03 SEP 25 PM 4:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: OCEAN VILLA DEVELOPERS, LLC

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03 SEP 25 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT - 1156

EXAMINER'S INITIALS: _____