



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90306 035 ****50.00

DOCUMENT # L02000035115 1. Entity Name OCEAN VILLAS, LLC			
Principal Place of Business 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250		Mailing Address 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	
2. The Devlin Group, Inc. 1548 The Greens Way, Ste. 6 Jacksonville Beach, FL 32250		3. The Devlin Group, Inc. 1548 The Greens Way, Ste. 6 Jacksonville Beach, FL 32250	
		60048416 	
		04192007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 57-1143301	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVLIN, WALLACE R JR. 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Wallace R. Devlin, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250 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 <u><i>Wallace R. Devlin, Jr.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	Wallace R. Devlin, Jr.
NAME	DEVLIN, WALLACE R JR. <input type="checkbox"/> Delete	NAME	1548 The Greens Way, Suite 6 <input type="checkbox"/> Addition
STREET ADDRESS	1548 THE GREENS WAY, SUITE 3	STREET ADDRESS	Jacksonville Beach, FL 32250
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	CITY - ST - ZIP	
TITLE	VP	TITLE	Edward R. McCue, Jr. <input type="checkbox"/> Addition
NAME	MCCUE, EDWARD R JR <input type="checkbox"/> Delete	NAME	1548 The Greens Way, Suite 6
STREET ADDRESS	1545 THE GREENS WAY STE 3	STREET ADDRESS	Jacksonville Beach, FL 32250
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Wallace R. Devlin, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/19/07</u> Daytime Phone # <u>904-543-0024</u>	