

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90059 007 ****50.00

DOCUMENT # L03000003715

1. Entity Name
OCEAN DRIVE 303, LLC



Principal Place of Business
2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

Mailing Address
2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

20051644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

APPLIED FOR 20-0755668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALCZAK, PAUL
2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name PAUL M WALCZAK

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

2979 PGA BOULEVARD

City PALM BEACH GARDENS FL

Zip Code 33410

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 signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS WALEZAK, PAUL
CITY-ST-ZIP 2979 PGA BLVD
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MBR
STREET ADDRESS WALCZAK, PAUL
CITY-ST-ZIP 2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE
NAME MBR
STREET ADDRESS STEIER, E. JOSEPH
CITY-ST-ZIP 2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #