# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 16, 2004 8:00 am**
**Secretary of State**
02-05-2004 90080 011 ****50.00

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02022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000016604

1. Entity Name
ORMOND OCEAN VENTURE, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2801 SW ARCHER RD<br>GAINESVILLE, FL 32608 | PO BOX 551260<br>JACKSONVILLE, FL 32255 |

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

4. FEI Number 56-2357163 ☐ 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 |
|---|---|
| SCHNEIDER, MICHAEL N<br>5150 BELFORT RD., BLDG 100<br>JACKSONVILLE, FL 32256 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to:**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>MGRM<br>MCGRIFF, LORI E<br>2801 SW ARCHER ROAD<br>GAINESVILLE, FL 32608 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>MGRM<br>EMMER, PHILIP I<br>2801 SW ARCHER ROAD<br>GAINESVILLE, FL 32608 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>MGRM<br>EMMER, BARBARA<br>2801 SW ARCHER ROAD<br>GAINESVILLE, FL 32608 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** Lori E. McGriff 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #