2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-05-2004 90071 023 ****50.00

DOCUMENT # L03000019041

1. Entity Name

14TH STREET SOUTH OCEANVIEW, LLC

Principal Place of Business	Mailing Address
100 EXECUTIVE WAY, SUITE 221 PONTE VEDRA BEACH FL 32082	100 EXECUTIVE WAY, SUITE 221 PONTE VEDRA BEACH FL 32082

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

MOORE CR2E083 (4/04)

4. FEI Number 65-1214828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R.
CRABTREE & FALLAR, P.A.
8777 SAN JOSE BLVD, BLDG A, SUITE 200
JACKSONVILLE FL 32217

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VREGNOLLE, ROBERT R JR. 100 EXECUTIVE WAY, SUITE 221 PONTE VEDRA BEACH FL 32082	☐ 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: Robert R. V[signature] 8/4/04 904-273-54[..]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #