2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # L03000019041 04-20-2006 90036 014 ****50.00 1. Entity Name 14TH STREET SOUTH OCEANVIEW, LLC Principal Place of Business Mailing Address 100 EXECUTIVE WAY, SUITE 100 206 100 EXECUTIVE WAY, SUITE 208 2 06 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) Duite 4. FEI Number Applied For 32-0085726 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRABTREE, R.R. Street Address (P.O. Box Number is Not Acceptable) CRABTREE & FALLAR, P.A. 8777 SAN JOSE BLVD, BLDG A, SUITE 200 JACKSONVILLE FL 32217 City 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 registeren agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Addition TITLE ☐ Delete NAME VERGNOLLE, ROBERT R JR. NAMÉ STREET ADDRESS STREET ADDRESS 100 EXECUTIVE WAY, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete VERGNOLLE, ROBERT R SR. NAME 100 Executure way Scale 206 NAME STREET ADDRESS STREET ADDRESS 100 EXECUTIVE WAY, SUITE 108 CITY-ST-7IP CITY-ST-7IP PONTE VEDRA BEACH FL 32082 Delete TITLE ☐ Addition TITLE NAME NAME VERGNOLLE, RONALD B 100 executive way Suite 200 STREET ADDRESS STREET ADDRESS 100 EXECUTIVE WAY, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

FILED

☐ Addition

☐ Change

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

TITLE

NAME

STREET ADDRESS C/TY-ST-ZIP

SIGNATURE: