


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90111 017 ****50.00

DOCUMENT # L03000029707 1. Entity Name OCEAN VISTAS DAYTONA, LLC					
Principal Place of Business 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH FL 32250			Mailing Address 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH FL 32250		
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 20-0145113	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCUE, EDWARD R JR. 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH FL 32250				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 _____ (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, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Partner	Wallace R. Devlin	1548 The Greens way #3		
		JACKSONVILLE BEACH, FL	32250		
	Partner	Edward R. McCue Jr	1548 The Greens way #3		
		JACKSONVILLE BEACH, FL	32250		
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: _____			1-21-04 904-543-0026		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		