

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90040 022 ****50.00

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04262007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000035167 1. Entity Name OCEANS WEST IV, L.L.C.					
Principal Place of Business 2827 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119			Mailing Address 2827 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box # 2901 SOUTH RIDGEWOOD AVE		3. Mailing Address 2901 SOUTH RIDGEWOOD AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SOUTH DAYTONA FL		City & State SOUTH DAYTONA FL		4. FEI Number 56-2396976	
Zip 32119		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDRON, EDMUND J 2827 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32118			7. Name and Address of New Registered Agent Name EDMUND J. WALDRON Street Address (P.O. Box Number is Not Acceptable) 2901 SOUTH RIDGEWOOD AVENUE City SOUTH DAYTONA FL 32119		
8. The above named agent 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 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOVE, WAYNE S <input checked="" type="checkbox"/> Delete 2827 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, JOHN T III <input type="checkbox"/> Delete 2827 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALLAHAN, JOHN T. III 2901 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <small>SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/26/07 386 767 4575 <small>Date Daytime Phone #</small>		
JOHN T. CALLAHAN III					