

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 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 Zip Code 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			DATE 4/26/07		
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 2827 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32119 <input checked="" 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	MGR CALLAHAN, JOHN T III 2827 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, JOHN T. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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:			DATE 4/26/07 DAYTIME PHONE # 386 767 4575		
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JOHN T. CALLAHAN III			Date Daytime Phone #		