

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035275**

1. Entity Name  
**OCEANS WEST III, L.L.C.**



Principal Place of Business  
**2970 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118**

Mailing Address  
**2970 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118**



04262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2397081**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOVE, WAYNE S  
2970 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOVE, WAYNE S 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLAHAN, JOHN T III 2970 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
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U00000356692  
05/04/05-80044-016 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #