

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000041996

1. Entity Name
OZONA BEACH, LLC



Principal Place of Business

**101 STARCREST DRIVE
CLEARWATER, FL 33765**

Mailing Address

**101 STARCREST DRIVE
CLEARWATER, FL 33765**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0362671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERT A. SCARTOZZI CUSTOM BUILDERS, INC.
1877 N. HIGHLAND AVE.
TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOUCHARD, TIMOTHY A
101 STARCREST DRIVE
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOUCHARD, RICHARD E
101 STARCREST DRIVE
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOUCHARD, JOHN R
101 STARCREST DRIVE
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/25/06-80003-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

1/4/06

Date

727-451-3122

Daytime Phone #