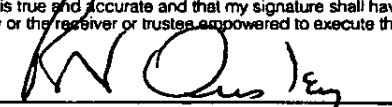


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-10-2004 90186 032 ****50.00

DOCUMENT # L03000047207 1. Entity Name OUSLEY PROPERTIES, L.L.C.																													
Principal Place of Business 185 EMERALD RIDGE SANTA ROSA BEACH FL 32459				Mailing Address P.O. BOX 2401 SANTA ROSA BEACH FL 32459																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
OWEN, DAVID A 1221 AIRPORT ROAD, SUITE 208 DESTIN FL 32541				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>OUSLEY, RICHARD N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 2401</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANTA ROSA BEACH FL 32459</td> <td></td> </tr> </table>			TITLE	MGRM	☐ Delete	NAME	OUSLEY, RICHARD N		STREET ADDRESS	P.O. BOX 2401		CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td>MR. RICHARD N. OUSLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MANAGING MEMBER</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Addition	NAME	MR. RICHARD N. OUSLEY		STREET ADDRESS	MANAGING MEMBER		CITY-ST-ZIP		
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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:  RICHARD N. OUSLEY 850-865-9500																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													