2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-10-2004 90186 032 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L03000047207

1. Entity Name
OUSLEY PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
185 EMERALD RIDGE SANTA ROSA BEACH FL 32459	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

4. FEI Number: 27-0072135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWEN, DAVID A
1221 AIRPORT ROAD, SUITE 208
DESTIN FL 32541

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	OUSLEY, RICHARD N	
STREET ADDRESS	P.O. BOX 2401	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

Mr. Richard N. Ousley
Managing Member

Mrs. Judy C. Ousley
Principal Member

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: R N Ousley Richard N. Ousley 850-865-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #