

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90132 043 ****50.00

DOCUMENT # L04000013767

1. Entity Name

OHE DEVELOPMENT, LLC



Principal Place of Business

7331 OFFICE PARK PLACE, STE 200
VIERA FL 32940

Mailing Address

7331 OFFICE PARK PLACE, STE 200
VIERA FL 32940

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

20-0753862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAFFORD, RONALD E
7331 OFFICE PARK PLACE
VIERA FL 32940

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | MEM | <input type="checkbox"/> Delete |
| NAME | Ben Pro, Robert M. | |
| STREET ADDRESS | 7331 OFFICE PARK PLACE #200 | |
| CITY-ST-ZIP | Viera, FL 32940 | |
| TITLE | MEM | <input type="checkbox"/> Delete |
| NAME | STAFFORD, RONALD E. | |
| STREET ADDRESS | 7331 OFFICE PARK PLACE #200 | |
| CITY-ST-ZIP | Viera, FL 32940 | |
| TITLE | MEM | <input type="checkbox"/> Delete |
| NAME | EMER, ERNEST E | |
| STREET ADDRESS | 7331 OFFICE PARK PLACE #200 | |
| CITY-ST-ZIP | Viera, FL 32940 | |
| TITLE | MEM | <input type="checkbox"/> Delete |
| NAME | BRANDON, TOM | |
| STREET ADDRESS | 4326 DAVIDIA DRIVE | |
| CITY-ST-ZIP | Melbourne FL 32934 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RONALD STAFFORD

321-254-2400