FILED Mar 14, 2005 8:00 am Secretary of State

				,	_	02-10-2005	5 90191 015 *:	^^^50.00	
1. Entity Nam	MENT # L04000045	326							
Principal Plac	e of Business	.1	1						
2908 OCEAN		Mailing Address 2908 OCEAN DRIVE					300014	35	
	1, FL 32963	VERO BEACH, FL 32963				•	4444	• •	
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Principal Place of Business					-				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005	C 11C			
							CR2E083 (10/0	3)	
City & State		City & State			4. FEINumb	Der A MACA	e-1 -	Applied For	
Zip	Country	Zip	Cour		$+\partial D$	<u> </u>	5 / 1	Not Applicable	
240	Country		- COL	1L/y	5. Certificat	e of Status Desired	□ \$5.00 Fee Regi	Additional	
	6. Name and Address of Current F	Registered Agent -	1	T	7: Name an	d Address of New R			
				Name					
	FLEMING, LYNDELL R			Stroot Address (P.O. Box Number is Not Acceptable)					
	2908 OCEAN DRIVE VERO BEACH, FL 32963			Street Address (P.O. Box Number is Not Acceptable)			<i></i>	_	
VERO DE	VERO BEACH, FL 32963								
				City			E ∎ Zip C	`^A	
ļ <u>.</u>							FL		
8. The above the obligat	anamed entity submits this statement for tions of registered agent.	the purpose of changing its	s register	ed office or registe	ered agent, or be	oth, in the State of Flo	rida. I am familiar w	ith, and accept	
1								•	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title d applicable. (NO)	TE: Registers	ed Agent signature require	id ener renstating)		DATE		
		Τ.		-					
Filing Fee is \$50.00 Due by May 1, 2005				•			e check payable t Department of S		
9.	MANAGING MEMBER	OC INANIA GERG	10.			ADDITIONS /	O IANDEO		
TITLE	MGRM	RS/MANAGERS Delete	10.	,		ADDITIONS/	CHANGES Chan	ps Addition	
NAME	FLEMING, LYNDELL R	LI ocean	KAM	i i			LJ V•⊕•	16 C VOUING	
STREET ADDRESS	2908 OCEAN DRIVE			EE1 ADORESS					
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY	r-S1-ZIP					
TITLE	MGRM	☐ Delete	HTL	£		10.0	☐ Chan	ge Addition	
NAME	FREEMAN, SANDRA K		HAM	- 1					
STREET ADDRESS	2908 OCEAN DRIVE			EET ADORESS					
CITY-SI-ZIP	VERO BEACH, FL 32963			r-SI-ZP				 	
TITLE	-	☐ Delete	TITL.				Chan	ge 🔲 Addition	
NAME STREET ADDRESS	· -		NAM STRE	AE: EE I ADORESS					
CITY-ST-ZIP	 			r-51-20			. :	=	
TITLE		☐ Delete	in	<u>r</u>			Chan	ge Addition	
NAME	·		NAM				<u> </u>	p	
STREET ADDRESS			STRE	EET ADORESS					
CITY-ST-ZIP			CITY	r-S1-ZIP					
1ME		☐ Delete	ım	£			☐ Chan	ge 🔲 Additios	
HAME			NAM						
STREET ADDRESS				EE1 ADORESS					
-				1.51.ZP					
TITLE		☐ Delete	TITLI	- 1			☐ Chan	ge 🔲 Addition	
SIREET ADDRESS	·			EET ADORESS					
CITY-SI-ZIP				r-S1-ZIP					
11. I hereby	certify that the information supplied with	tikis filing does not qualify fo			ection 119.07(3)	Vi) Florida Statutes, I	further certify that it	- information	
indicated	certify that the information supplied with I on this report is true and pecurate and a ability company or the receiver or trustee	hat my signature chall have	the good	olegal effect as if	made under oat	h; that I am a manag	ing member or man	ager of the	
m10000	ioniy company of the records of the			3 reduied by Co	XCI OUO, I NIINII	Signifes.			
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	TURE:	7 / 1 ////							