

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90010 023 \*\*\*\*50.00

**DOCUMENT # L04000071139**

1. Entity Name  
OCEANSIDE COMMERCIAL II, L.L.C.



Principal Place of Business  
2101 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

Mailing Address  
2101 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**20037328**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**20-2410361**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RAINEY, JOHN A  
2101 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME RAINEY, JOHN A  
STREET ADDRESS 2101 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

*John A. Rainey*  
JOHN A. RAINEY

04/12/05

386.441.4843

Date

Daytime Phone #