## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

1.0.

## **ANNUAL REPORT FILED** Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # L04000071140** OCEANSIDE COMMERCIAL I, L.L.C. Principal Place of Business Mailing Address 2101 JOHN ANDERSON DRIVE 2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 03042008 No Chg-LLC CR2E083 (12/07) DO NOT WHITE IN THIS SHACE Applied For 4. FEI Number 20-2410253 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAINEY, JOHN A TIME TON THE 2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 HE THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office pregistered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. RAINEY Signature, typed or printed name of registered agent and title if applicable. (POTE, Register Agent signature required when re FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE RAINEY, JOHN A NAME 2101 JOHN ANDERSON DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 TITLE U00000861661 04/03/08-80018-004 138.75 STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THE SPACE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MALKE STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, 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.

R, OR AUTHORIZED