2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083006

Entity Name
OCEAN DRIVE VACATION PROPERTIES, LLC

Principal Place of Business	Mailing Address
18301 TELEGRAPH CREEK LANE ALVA, FL 33920	18301 TELEGRAPH CREEK LANE ALVA, FL 33920

01132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1963631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, BRUCE D
2720 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919

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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

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

	MGR STANCEL, WILLIAM R
ADDRESS CITY-ST-ZIP	18301 TELEGRAPH CREEK LANE ALVA, FL 33920
ADDRESS CITY-ST-ZIP	
ADDRESS CITY-ST-ZIP	
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ADDRESS CITY-ST-ZIP	

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01/30/06-80006-012 50.00

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I hereby certify that the information supplied with this filing 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.

SIGNATURE: Bill Stancel 1-16-06 239-437-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #