

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090385

FILED
Feb 13, 2007
Secretary of State

Entity Name: THE VILLAGES OF OCEAN SHORES LLC

Current Principal Place of Business:

1600 DEXTER AVE NORTH
STE B2
SEATTLE, WA 98109 US

New Principal Place of Business:

Current Mailing Address:

1600 DEXTER AVE NORTH
STE B2
SEATTLE, WA 98109 US

New Mailing Address:

FEI Number: 76-0781899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHWARTZ, ROBERT M
4700 NW BOCA RATON BLVD., SUITE 104
BOCA RATON, FL 334314860 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARISER, PAUL S PRES
Address: P.O. BOX 160278
City-St-Zip: BIG SKY, MT 59716 US

Title: MGRM () Delete
Name: REID, LUCIE S VPST
Address: P.O. BOX 160278
City-St-Zip: BIG SKY, MT 59716 US

Title: MGR () Delete
Name: PARISER, BENJAMIN S
Address: 1600 DEXTER AVE N, STE B2
City-St-Zip: SEATTLE, WA 98109 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN S. PARISER

VP

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date