


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90246 034 \*\*\*138.75

<b>DOCUMENT # L04000090385</b> 1. Entity Name <b>THE VILLAGES OF OCEAN SHORES LLC</b>					
Principal Place of Business <b>1600 DEXTER AVE NORTH STE B2 SEATTLE, WA 98109 US</b>			Mailing Address <b>1600 DEXTER AVE NORTH STE B2 SEATTLE, WA 98109 US</b>		
2. Principal Place of Business - No P.O. Box # <b>235 Marine View Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 849</b> Suite, Apt. #, etc.			
City & State <b>Ocean Shores, WA</b> Zip <b>98569</b> Country <b>USA</b>		City & State <b>Ocean Shores, WA</b> Zip <b>98569</b> Country <b>USA</b>		4. FEI Number <b>76-0781899</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHWARTZ, ROBERT M 4700 NW BOCA RATON BLVD., SUITE 104 BOCA RATON, FL 33431-4860</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating). DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARISER, PAUL S PRES P.O. BOX 160278 BIG SKY, MT 59716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Pariser, Paul S PRES PO Box 849 Ocean Shores, WA 98569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REID, LUCIE S VPST P.O. BOX 160278 BIG SKY, MT 59716</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Pariser, Benjamin S PO Box 849 Ocean Shores, WA 98569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARISER, BENJAMIN S 1600 DEXTER AVE N, STE B2 SEATTLE, WA 98109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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.					
<b>SIGNATURE:</b> 			<b>Feb 19, 2008</b> Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					