

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090385

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: THE VILLAGES OF OCEAN SHORES LLC

**Current Principal Place of Business:**

235 MARINE VIEW DR  
OCEAN SHORES, WA 98569 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 849  
OCEAN SHORES, WA 98569 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: MGR ( ) Delete  
Name: PARISER, PAUL S PRES  
Address: POB 849  
City-St-Zip: OCEAN SHORES, WA 98569 US

Title: MGR ( ) Delete  
Name: REID, LUCIE S VPST  
Address: POB 849  
City-St-Zip: OCEAN SHORES, WA 98569 US

Title: MGR (X) 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: MGR (X) Change ( ) Addition  
Name: PARISER, BENJAMIN S VP  
Address: POB 849  
City-St-Zip: OCEAN SHORES, WA 98569 US

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL S. PARISER

MGR

04/01/2009

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