## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 25, 2007 08:00 Al Secretary of State DOCUMENT # L05000022482 1. Entity Name OCEAN BAY DEVELOPMENT GROUP, L.L.C. Principal Place of Business Mailing Address 966 SHAW DR 966 SHAW DR KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 966 SAAW Drivs Syme Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable \$5.00 Additional 33087 5. Ccrtificate of Status Desired mornost Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMPIGNY, GEORGE F III Street Address (P.O. Box Number is Not Acceptable) 966 SHAW DR KEY LARGO FL 33037 City Zin Code 8. The above named entity supplies 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 registers (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State U000000729337 Due By May 1, 2007 05/08/07-80037-005 50.00 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE ☐ Addition Change NAME CHAMPIGNY, GEORGE F III NAME STREET ADDRESS STREET ADDRESS 966 SHAW DR CHY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete TiTtE Change Addition NAME ARDUINO, ARMAND R NAM STREET ADDRESS 10 SOUTH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE ☐ Delete THUE □ Change ■ Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ШЕ ☐ Delete HILE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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

**FILED**