

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105282

FILED
Aug 13, 2007
Secretary of State

Entity Name: OPEAN SHORE MOTEL & VILLAS, LLC

Current Principal Place of Business:

1896 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

1896 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 56-2541845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENNINGS, MARY
824 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: KRUGMAN-KADI, EILON
Address: 824 E. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCEACHERN, WILLIAM E
Address: 901 N.W. 8TH AVENUE, STE. C3-0
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Change (X) Addition
Name: MELLMAN, RICHARD
Address: 901 N.W. 8TH AVENUE, STE. C3-0
City-St-Zip: GAINESVILLE, FL 32601

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: W.E. MCEACHERN

MGRM

08/13/2007

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