

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90407 011 ****50.00

DOCUMENT # L05000114019

1. Entity Name
OCEANSIDE MEDIA, LLC



Principal Place of Business

**1201 N.W. 31ST DRIVE
GAINESVILLE, FL 32605**

**275 Riverside Drive
Ormond Beach, FL 32176**

Mailing Address

**275 Riverside Drive
1201 N.W. 31ST DRIVE Ormond Beach
GAINESVILLE, FL 32605 FL 32176**

40118466



05162007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-3819038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGRATH, ZACHARY T
1201 N.W. 31ST DRIVE
GAINESVILLE, FL 32605**

**275 Riverside Drive
Ormond Beach, FL
32176**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MCGRATH, ZACHARY T
1201 N.W. 31ST DRIVE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: **Zachary T. McGrath** **5/1/07** **(386) 852-6613**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #