2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 29 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009713 AF

DOCUMENT # L98000000610

1. Entity Name
OCEAN WALK MANAGEMENT COMPANY, L.C.

Principal Place of Business	Mailing Address
410 NORTH HALIFAX AVE., SUITE D DAYTONA BEACH FL 32118	410 NORTH HALIFAX AVE., SUITE D DAYTONA BEACH FL 32118-4084

2. Principal Place of Business	3. Mailing Address
300 N. Atlantic Avenue	535 Silver Beach Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Daytona Beach, FL	Daytona Beach, FL
Zip: 32118 / Country	Zip: 32118 / Country

DO NOT WRITE IN THIS SPACE

MDM

4. FEI Number 59-3514428 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, CHARLES JR. 535 SILVER BEACH AVENUE DAYTONA BEACH FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — 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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE: MGRM NAME: ANDERSON, GEORGE D STREET ADDRESS: 410 NORTH HALIFAX AVE., SUITE D CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete	TITLE: 59-3514428 NAME: STREET ADDRESS: 300 N. Atlantic Avenue CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: MGRM NAME: FINCKE, GERALD B STREET ADDRESS: 410 NORTH HALIFAX AVE., SUITE D CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete	TITLE: NAME: STREET ADDRESS: 300 N. Atlantic Avenue CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: 600003249246--8 NAME: -05/11/00--01114--006 STREET ADDRESS: *****50.00 *****50.00 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: ANDERSON, GEORGE D STREET ADDRESS: 410 NORTH HALIFAX AVE., SUITE D CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] 4.25.2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CF2EC83 (9/96)