


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90126 034 ****50.00

DOCUMENT # L98000000610 1. Entity Name OCEAN WALK MANAGEMENT COMPANY, L.C.					
Principal Place of Business 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 535 SILVER BEACH AVENUE DAYTONE BEACH, FL 32218		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 42 S Peninsula Dr Suite, Apt. #, etc.			
City & State		City & State Daytona Beach FL		4. FEI Number 59-3514428	
Zip 32118	Country Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEWART, CHARLES JR. 535 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 42 S Peninsula Dr City Daytona Beach FL Zip Code 32118		
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: <u><i>Charles W. Stewart Jr</i></u> CHARLES W. STEWART, JR DATE: <u><i>1/26/04</i></u> 1/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, GEORGE D 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINCKE, GERALD B 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>George D Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u><i>4-28-2004</i></u> <small>Date Daytime Phone #</small>	