

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90273 044 ***150.00

DOCUMENT # L99000006709

1. Entity Name

OCEAN RIDGE DEVELOPMENT COMPANY LLC

Principal Place of Business

6275 N. OCEAN BLVD
 OCEAN RIDGE FL 33435

Mailing Address

6275 N. OCEAN BLVD
 OCEAN RIDGE FL 33435

2. Principal Place of Business

6277 N Ocean Blvd
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 388
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocean Ridge, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0957597

Applied For

Not Applicable

Zip

33435

Country

FL

Zip

33425

Country

FL

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELK, SCOTT A
 4800 NORTH FEDERAL HWY
 STE 200-E
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME MCKINNEY, FRANK
 STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200-E
 CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)