2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 304 OLYMPIA WA 98501

606 COLUMBIA ST. NW

DOCUMENT # M9700000856

Country

6. Name and Address of Current Registered Agent

OCEAN FRONT IV. L.L.C.

Principal Place of Business

2. Principal Place of Business

NRAI SERVICES, INC.

526 E. PARK AVE. TALLAHASSEE FL 32301

606 COLUMBIA ST. NW

Suite, Apt. #, etc.

City & State

Zip

8

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OLYMPIA WA 98501

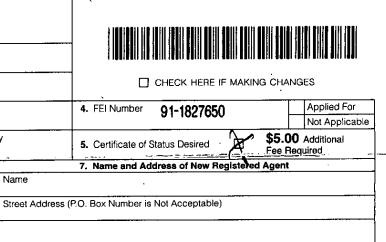
SUITE 304



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90030 033 ****55.00

~UU43266



Zip Code

		re i
	amed entity submits this statement for the purpose of changing its registered office or registered agent, or bot ns of registered agent.	h, in the State of Florida. I am familiar with, and accept
IGNATURE	ignature, 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 Florida Department of State	

Due By May 1, 2003

Country

Name

City

MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Addition **MGRM** TITI F ☐ Change TITLE Delete RS DEVELOPMENT COMPANY NAME NAME STREET ADDRESS 606 COLUMBIA ST. NW #304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLYMPIA WA 98501 ■ Addition ☐ Change **MGRM** Delete TITLE TITLE NAME NAME SALANT, RUBIN STREET ADDRESS STREET ADDRESS 606 COLUMBIA ST. NW #304 CITY_ST-ZIP CITY-ST-ZIP OLYMPIA WA 98501 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am a managing member or manager of the limited liability company or the receive or trustee empowered to ex e this report as required by Chapter 608, Florida Statutes

TITLE NAME

Delete

OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition