2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020273

Entity Name: OCEAN RIDGE PALM COAST CORPORATION

FILED Jan 13, 2004 Secretary of State

Current Driveinal Blace of Business			Now Bring	New Principal Place of Business:		
Current Principal Place of Business:			New Fillic	cipal Place of Busiliess.		
	SATE PARKWA ST, FL 32137	Y US				
Current Mailing Address:			New Maili	New Mailing Address:		
C/O LOWE ENTERPRISES, INC. 11777 SAN VICENTE BLVD., #900 LOS ANGELES, CA 90049						
FEI Number:	59-3434849	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET						
TALLAHASSEE, FL 323012525 US						
The above in the State		bmits this statement for the pur	rpose of changing i	its registered office or registered agent, or both,		
SIGNATURE:						
	Electronic	Signature of Registered Agen	t	Date		
Election Cam	paign Financing	Frust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () C LOWE, ROBERT 11777 SAN VICEI LOS ANGELES, C	NTE BLVD., #900	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () C PRINN, BRIAN T 11777 SAN VICEI LOS ANGELES, C		Title: Name: Address: City-St-Zip:	V (X) Change () Addition WETHE, WILLIAM T 11777 SAN VICENTE BLVD, #900 LOS ANGELES, CA 90049		
Title: Name: Address: City-St-Zip:	DP () E LEARY, THEODO 11777 SAN VICEI LOS ANGELES, O	NTE BLVD, #900	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VT () E SEAMAN, BLEEC 11777 SAN VICEI LOS ANGELES, C	KER P III NTE BLVD, #900	Title: Name: Address: City-St-Zip:	VTD (X) Change () Addition SEAMAN, BLEECKER P III 11777 SAN VICENTE BLVD, #900 LOS ANGELES, CA 90049		
Title: Name: Address: City-St-Zip:	V () C POLADIAN, DICK 11777 SAN VICEI LOS ANGELES, C	NTE BLVD, #900	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LARSEN, LEANN	ENTE BLVD STE 900	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE LARSEN S 01/13/2004