


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000041996  
 1. Entity Name  
 OZONA BEACH, LLC



Principal Place of Business 101 STARCREST DRIVE CLEARWATER, FL 33765	Mailing Address 101 STARCREST DRIVE CLEARWATER, FL 33765
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01042006No Chg-LLC CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0362671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOVELACE, WILLIAM K ESQ.  
 401 S. LINCOLN AVENUE  
 CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT A. SCARTOZZI CUSTOM BUILDERS, INC. 1877 N. HIGHLAND AVE. TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUCHARD, TIMOTHY A 101 STARCREST DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUCHARD, RICHARD E 101 STARCREST DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUCHARD, JOHN R 101 STARCREST DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/25/06-80003-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tim Bouchard Date: 1/4/06 Daytime Phone #: 727-451-3122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE