
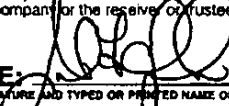


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90291 050 \*\*\*\*55.00

<b>DOCUMENT # L04000030130</b>			
1. Entity Name 2308 NORTH OCEAN, LLC			
Principal Place of Business 8902 NO. MILITARY TRAIL, #512 PALM BEACH GARDENS, FL 33418		Mailing Address 8902 NO. MILITARY TRAIL, #512 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 2308 No. Ocean Dr.		3. Mailing Address 8902 No. Military Trail #512	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood FL		City & State West Palm Beach FL	
Zip 33019	Country Broward	Zip 33412	Country Palm Beach
6. Name and Address of Current Registered Agent CHOYNOWSKI, JOHN F. 8902 NO. MILITARY TRAIL, #512 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOYNOWSKI, JOHN F 8902 NO. MILITARY TRAIL, #512 PALM BEACH GARDENS, FL 33418 <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	MGR Joseph DeSage 10130 North Lake Blvd Suite 214-329 Colts Neck NJ 07722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph DeSage 35 Deputy Minister Dr Colts Neck NJ 07722 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member DeSage Family LLC 35 Deputy Minister Dr Colts Neck NJ 07722 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Vesta Development 8902 N. Military Trail #512 Palm Beach Gardens FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  JOHN CHOYNOWSKI		Date: 3/22/05 Daytime Phone #: 732-778-2811	

John Choynowski     Manager  
Joseph DeSaye     Manager

DeSaye Family LLC     Member  
Vesta Development     Member

Regards  
John Choynowski

4/20/05

ATTACHMENT

30004234  
#L04000030130