



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90144 020 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                   |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L04000032893                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |  |                                                                   |
| 1. Entity Name<br>OCEAN INVESTMENTS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                   |                                                                   |
| Principal Place of Business<br>P.O. BOX 6431<br>MIRAMAR BEACH, FL 32550                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Mailing Address<br>P.O. BOX 6431<br>MIRAMAR BEACH, FL 32550                       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 3. Mailing Address<br>P.O. Box 321001                                             |                                                                   |
| Suite Apt. # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | Suite Apt. # etc                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | City & State<br>Flowood, MS                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | Zip<br>39232                                                                      |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Country                                                                           |                                                                   |
| 4. FEI Number<br>20-1108290                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | 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<br>A1A REGISTERED AGENT INC.<br>92 SADBERRY ROAD<br>QUINCY, FL 32351                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | 7. Name and Address of New Registered Agent                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | Name                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | Street Address (P.O. Box Number's 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. I am familiar with and accept the obligations of registered agent.                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                   |                                                                   |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                   |                                                                   |
| Filing Fee is \$50.00 Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Make check payable to Florida Department of State                                 |                                                                   |
| 9. MANAGING MEMBERS - MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>RUSSELL MCCARTY, HARRISON JR<br>P.O. BOX 6431<br>MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>IRBY, STUART M JR.<br>P.O. BOX 6431<br>MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>MCCARTY, RUSSELL SR.<br>P.O. BOX 6431<br>MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | RUSSELL MCCARTY, JR. 01-23-07 850-699-0928                                        |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                   |                                                                   |

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