


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043195

1. Entity Name
OCEANFRONT PROPERTIES, LLC



Principal Place of Business 6862 N.W. 108TH AVENUE PARKLAND, FL 33076 US	Mailing Address 6862 N.W. 108TH AVENUE PARKLAND, FL 33076 US
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04082006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1230283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEMARTINO, JOSEPH A JR
 6862 N.W. 108TH AVENUE
 PARKLAND, FL 33076**

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)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

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

U00000515543
 04/29/06 80212-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARTINO, REGINA 6862 N.W. 108TH AVENUE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARTINO, LISA 10464 N.W. 55TH PLACE PARKLAND, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **Joseph A. de Martino, Jr** **4/18/06** **954.600.6635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #