2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000043195

1. Entity Name
OCEANFRONT PROPERTIES, LLC

FILED
Jul 24, 2008 08:00 AM
Secretary of State

Principal Place of Business

6862 N.W. 108TH AVENUE PARKLAND, FL 33076 US Mailing Address

6862 N.W. 108TH AVENUE PARKLAND, FL 33076 US



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1230283 Applied For Not Applicable

5. Certificate of Status Desired

\$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

				0.7.02
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its registere	d office or registered agent, or both	s, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name at registered agent a	nd title if applicable (NOTE: Registered	Agent signature required when rainstating)	DATE
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.19 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.	
9.	MANAGING MEMBER	RS/MANAGERS		
TITLE	MGRM			
NAME	DEMARTINO, REGINA			
STREET ADDRESS	6862 N.W. 108TH AVENUE			
CITY-SI-ZIP	PARKLAND, FL 33076			U00000956168
TITLE	MGRM			07/24/08-80001-018 138.75
NAME	DEMARTINO, LISA			211 211 22 2222 212 1221 12
STREET ADDRESS	10464 N.W. 59TH PLACE			
CITY-ST-ZIP	PARKLAND, FL 33076			
TITLE				
NAME				
STREET ADDRESS			DO:	NOT WRITE
CITY-ST-ZIP				NOI WINIE
TITLE			IN T	HIS SPACE
NAME				IIIO OI MOL
STREET ADDRESS				
CITY-ST-ZIP				
IIILE				
NAME				
STREET ADDRESS				

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

FITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PHIN ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/08 954

954.600.6635

Daytime Phone #