


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000057762 1. Entity Name OCEAN'S BREEZE, L.L.C.	
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Principal Place of Business 370 15TH AVENUE SOUTH, SUITE C JACKSONVILLE BEACH, FL 32250	Mailing Address 370 15TH AVENUE SOUTH, SUITE C JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE IN THIS SPACE**

01042006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2154701	Applied For <input checked="" 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

KISNAD, HITEN  
370 15TH AVENUE SOUTH, SUITE C  
JACKSONVILLE BEACH, FL 32250

**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 R/Retaining) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KISNAD, HITEN 370 15TH AVENUE SOUTH, SUITE C JACKSONVILLE BEACH, FL 32250
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1000000402154  
02/02/06-80074-013 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: *Hiten Kisnad* 01-07-06

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