

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90007 008 ****50.00

DOCUMENT # L05000036131

1. Entity Name
OCEAN ALEXANDER OF FLORIDA, L.L.C.



Principal Place of Business
1515 S.E. 17TH ST., SUITE 125
FT. LAUDERDALE, FL 33316

Mailing Address
1515 S.E. 17TH ST., SUITE 125
FT. LAUDERDALE, FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072006 Chg-LLC CR2E083 (11/05)

City, & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, SCOTT A ESQ
15 SW 10TH STREET
FT. LAUDERDALE, FL 33315

Name CINDY M. ROSS

Street Address (P.O. Box Number is Not Acceptable)

1515 S.E. 17th Street
Ste. 125

City Ft. Lauderdale

FL

Zip Code

33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OCEAN ALEXANDER MARINE YACHT SALES, INC.
1515 S.E. 17TH ST., SUITE 125
FT. LAUDERDALE, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/7/06 954/779-1901