


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000102447

1. Entity Name
 OC PROPERTIES, LLC



Principal Place of Business Mailing Address

36474 A EMERALD COAST PARKWAY P. O. BOX 1469
 SUITE 1201 DESTIN, FL 32540
 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE



01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4112639	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

BARKER, GENE G
 45 N. BEAL PARKWAY
 FT. WALTON BEACH, FL 32548

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) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	CBG PROPERTIES, INC.
STREET ADDRESS	36474A EMERALD COAST PARKWAY, STE 1201
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MEM
NAME	OC DESTIN GROUP, INC
STREET ADDRESS	36474A EMERALD COAST PARKWAY, STE 1201
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/08-80039-011-138.75

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:  **J. STEVE JAY** 1-21-2008 850-837-0398

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