


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001339
 1. Entity Name
 417 EAST OCEAN AVE. LLC



Principal Place of Business: 511 EAST OCEAN AVE. BOYNTON BEACH FL 33435
 Mailing Address: P.O. BOX 57 BOYNTON BEACH FL 33425



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent
 OYER, HARVEY E JR.
 511 EAST OCEAN AVE.
 BOYNTON BEACH FL 33435

4. FEI Number: 65-0906686 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM <input type="checkbox"/> Delete NAME: OYER, HARVEY E JR. STREET ADDRESS: P.O. BOX 57 CITY-ST-ZIP: BOYNTON BEACH FL 33425	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000424578 02/18/06-80058-001 50.00
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Harvey E Oyer - Owner* 2/1/06 9305 EX
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 20