


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006755 1. Entity Name OCEAN DUNES APARTMENTS, L.L.C.		
Principal Place of Business 20 SUNDERLAND DRIVE MORRISTOWN NJ 07960		Mailing Address 20 SUNDERLAND DRIVE MORRISTOWN NJ 07960
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		4. FEI Number 65-1019070
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



2nd MOORE CR2E083 (5/05)

6. Name and Address of Current Registered Agent JENKINS, MARJORIE J 100 S.W. 11TH AVENUE BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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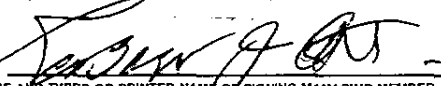
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, ROBERT J	NAME	L00000375352
STREET ADDRESS	20 SUNDERLAND DR	STREET ADDRESS	08/02/05-80001-002 50.00
CITY-ST-ZIP	MORRISTOWN NJ 07960	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **7/29/15** DAYTIME PHONE #: **913267 3347**