

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013599

Entity Name: OCEAN ESTATES, LLC

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

4770 NW BOCA RATON BLVD., SUITE C
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4770 NW BOCA RATON BLVD., SUITE C
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-1055148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, WILLIAM L
4770 NW BOCA RATON BLVD., SUITE C
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KNIGHT, WILLIAM L
Address: 4770 NW BOCA RATON BLVD., SUITE C
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: GLINIECKI, ERIC MGR
Address: 4770 NW BOCA RATON BLVD, SUITE C
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BNIGHT, BEVERLY MGR
Address: 4770 NW BOCA RATON SUITE C
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM L KNIGHT

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date