## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Mar 30, 2005 08:00 AM

				~	·
DOCUMENT # L0100007943  1. Entity Name OCEAN DRIVE WHOLESALE & RETAIL LTD. CO.				Secretary of State	
OCEAN DRI	IVE WHOLESALE & RETA	IL LTD, CO.			
Principal Place of 1065 LYON TREI	E STREET	Mailing Address 1065 LYON TREE STREET		- 11	
HOLLYWOOD, FL	. 33019 _	THOLLYWOOD, FL 33019		( ]	
DO NOT WRITE IN THIS SPACE			{	######################################	
			CE	03112005No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 65-1104588	Applied For   Not Applicable
	O November 1	arthur d Barmh	T	5. Certificate of Status Desired	\$5.00 Additional Fee Required
SVORAI, DEK	6. Name and Address of Current Re	gistered Agent		DO NOT W	
1065 LYON TREE STREET HOLLYWOOD, FL 33019				DO NOT WI	
				IN THIS SP	ACE
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					
Filing Due	g Fee is \$50.00 by May 1, 2005				
9.	MANAGING MEMBERS	/MANAGERS			
NAME SV	GR VORAI, DEKEL			** ******************************	u trajen <del>a</del>
	065 LYON TREE STREET OLLYWOOD, FL 33019			0.0000U 20.202	280487 80022-016 150.00
TITLE NAME				007 007 00	00055 010 100,00
STREET ADDRESS CITY+ST-ZIP			1		
TITLE NAME			1		
STREET ADDRESS CITY-ST-ZIP			j	DO NOT W	RITE
TITLE NAME				IN THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<del> </del>			
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		,	- <u></u>		-

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 it 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:

STREET ADDRESS CITY-ST-ZIP

1,05

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

Daytima Phone #