

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90022 022 ****50.00

DOCUMENT # L01000015870

1. Entity Name
OCEAN WATCH, L.L.C.



Principal Place of Business
**10231 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

Mailing Address
**10231 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

20037979



DO NOT WRITE IN THIS SPACE

02282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1148075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JOHN A JR.
10231 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMITH, JOHN A JR
10231 W. SAMPLE RD
POMPANO BEACH, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMITH, DONNA J
10231 W. SAMPLE RD
POMPANO BEACH, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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IN THIS SPACE**

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: *Donna J. Smith*

Donna J. Smith, Manager

4/15/05

954-796-8560

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

Date

Daytime Phone #