2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

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DOCUI 1. Entity Nam OCEAN V				04-18-2007		06 ****5	50.00		
Principal Place of Business 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		Mailing Address 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065				6003812	i (
2. Principal Place of Business - No P.O. Box # 7900 Nova Drive		3. Mailing Address 7900 Nova Drive							
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			03062007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb	oer		Ar	oplied For
Davie, FL		Davie, FL			65-1148075 Not Applicable				
^{Zip} 33324	Country USA	33324	Country USA		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	Registered A	gent	
SMITH IC	NHN A IR		Name						
SMITH, JOHN A JR. 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			7900	Street Address (P.O. Box Number is Not Acceptable) 7900 Nova Drive					
COIVAL SI	-KINGS, FL 33003		Suda	e 10	 1				
			City		L .		FL	Zip Cod	е
8. The above	named entity submits this statement for	r the purpose of changing its re	Davi		ed agent or b	oth, in the State of Flo			324 and accept
	ions of registered agent.	the purpose of origing to the	ogiotoroo omeo e	, regions	od agom, or b		5175G. YG777	<u></u>	
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Agent signa	ture required	when reinstating)		DATE		
Fi Di	Signature. typed or printed name of registered agent liling Fee is \$50.00 ue by May 1, 2007	and title if applicable (NOTE: I	Registered Agent signa	ture required	when reinstating)		oate se check pa a Departme	-	e
Fi D	iling Fee is \$50.00		Registered Agent signa	ture required	when reinstating)		e check partme	-	e
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.	ture required	when reinstating)	Florid	ce check partment of the control of	-	e ☐ Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM SMITH, JOHN A JR	ERS/MANAGERS	10. Tifle NAME			Florid. ADDITIONS	ce check pa a Departme	ent of State	
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	ERS/MANAGERS	10.	7900	O Nova	ADDITIONS Dr., Ste.	ce check pa a Departme	ent of State	
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM SMITH, JOHN A JR 10231 W. SAMPLE RD	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS	7900		ADDITIONS Dr., Ste.	CHANGES	ent of State	
9. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBE MGRM SMITH, JOHN A JR 10231 W. SAMPLE RD POMPANO BEACH, FL 33065 MGRM SMITH, DONNA J	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	7900 Dav	O Nova	ADDITIONS Dr., Ste. 33324	CHANGES	ent of State	☐ Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM SMITH, JOHN A JR 10231 W. SAMPLE RD POMPANO BEACH, FL 33065 MGRM SMITH, DONNA J 10231 W. SAMPLE RD	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	7900 Dav	O Nova ie, FL Nova D	ADDITIONS Dr., Ste. 33324 r., Ste. 1	CHANGES	ent of State	☐ Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information statutes of the 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 of the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE - Donna Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-577-6872 Daytime Phone #