

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017421

1. Entity Name
UNIT 1 OCEAN SHORES VILLAS, L.L.C.



Principal Place of Business

**9743 S.W. 57TH ST.
MIAMI, FL 33173**

Mailing Address

**9743 S.W. 57TH ST.
MIAMI, FL 33173**



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3641454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, DAMARIS
9743 SW 57TH ST.
MIAMI, FL 33173**

**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**

00000016655
02/05/05-80057-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIAZ, FAUSTO G
9743 SW 57TH ST.
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIAZ, DAMARIS
9743 SW 57TH ST.
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIAZ, FAUSTO A
9743 SW 57TH ST.
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIAZ, JACQUELINE
9743 SW 57TH ST.
MIAMI, FL 33173**

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:

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

Date

Daytime Phone #