


**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.	
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Principal Place of Business 9743 S.W. 57TH ST. MIAMI, FL 33173	Mailing Address 9743 S.W. 57TH ST. MIAMI, FL 33173
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 04-3641454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000216655  
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	

**DO NOT WRITE  
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 # \_\_\_\_\_