


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2006 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
--	--



07312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3641454	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 September 6, 2006**

U00000574998
08/22/06-80009-001 50.00

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 exemptions contained in Chapter 119, 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

8/16/06 305-913-0640
Date Daytime Phone #