


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007966</b> 1. Entity Name OCEANSIDE DEVELOPMENT LLC	
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Principal Place of Business 6291 VIA VENETIA NORTH DELRAY BEACH, FL 33484	Mailing Address 6291 VIA VENETIA NORTH DELRAY BEACH, FL 33484
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 33-1031293	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  PITOCHELLI, RONALD L 6291 VIA VENETIA NORTH DELRAY BEACH, FL 33484
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 GURFEL, YURI 6291 VIA VENETIA NORTH DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITOCHELLI, RONALD L 6291 VIA VENETIA DRIVE NORTH DELRAY BEACH, FL 33484
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<p>U000000299491 04/11/05-80110-006 50.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Ronald L. Pitocchi **4-07-05** **561-504-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #