

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012899 1. Entity Name OCEAN PINES MOTEL, LLC					
Principal Place of Business 5055 S. HWY A1A MELBOURNE BEACH FL 32951 US			Mailing Address 443 EAST CIRCLE DRIVE NEW LENOX IL 60451 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOSS, JOEL S ESQUIRE 47 NEW HAVEN AVENUE SUITE 200 MELBOURNE FL 32901			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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))					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAUN, ROBERT G 443 EAST CIRCLE DRIVE NEW LENOX IL 60451	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000505569 04/26/06-80119-025 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert G. Braun* **Robert G. Braun** **4-6-06** **(815) 485-60**