

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026774 1. Entity Name OCEANS 610, LLC	
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Principal Place of Business 2115 PALM BAY ROAD, NE STE 1E PALM BAY, FL 32905	Mailing Address 2115 PALM BAY ROAD, NE STE 1E PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0568956	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROY A. ALTERMAN, P.A. 2115 PALM BAY ROAD, NE STE 1E PALM BAY, FL 32905
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**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 _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTERMAN, ROY A 2115 PALM BAY RD, NE STE 1E PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PLATERO, ERIC P 265 SOUTH FEDERAL HWY, STE 290 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000159643
05/10/04-80040-010 50.00

**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)(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: 	DATE: _____	Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		