



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90033 037 \*\*\*\*50.00

<b>DOCUMENT # L02000034729</b> 1. Entity Name <b>OCEAN OASIS, L.L.C.</b>					
Principal Place of Business <b>76311 OVERSEAS HIGHWAY ISLAMORADA, FL 33036</b>			Mailing Address <b>76311 OVERSEAS HIGHWAY ISLAMORADA, FL 33036</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04252006    Chg-LLC    CR2E083 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>05-0546877</b>				Applied For <input type="checkbox"/> 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  <b>SINGER, ROBERT W 76311 OVERSEAS HIGHWAY ISLAMORADA, FL 33036</b>			7. Name and Address of New Registered Agent Name <b>MARY LEE SINGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>76311 OVERSEAS Highway</b> <b>ISLAMORADA</b> City <b>FL</b> Zip Code <b>33036</b>		
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 <u>Mary Lee Singer</u> <u>MARY LEE SINGER MGRM</u> <u>4/27/06</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, ROBERT W 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGER, MARY L 76311 OVERSEAS HWY. ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
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: <u>Mary Lee Singer</u> <u>MARY LEE SINGER MGRM</u> <u>4/27/06</u> <u>305 664-9030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					