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Jun 02, 2003 8:00 am
Secretary of State
04-28-2003 91002 038 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

DOCUMENT # L02000034840

1. Entity Name

OCEAN 22, LLC

Principal Place of Business	Mailing Address
1645 Palm Beach Lakes Blvd.	1645 Palm Beach Lakes Blvd.
Suite 1200	Suite 1200
West Palm Beach, FL 33401	West Palm Beach, FL 33401

44002977

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 45-0504251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Lioce, Domenick R.
1645 Palm Beach Lakes Blvd., Suite 1200
West Palm Beach, Florida 33401

7. Name and Address of New Registered Agent

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 ______ DATE

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 Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	Member *Managing Member* ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Lioce, Domenick R.	NAME	
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Florida 33401	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Domenick R. Lioce, Member *Managing Member* April ,2003 561-686-3307

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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