2006-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L02000034987 1. Entity Name OCEAN DRIVE OWNERS, LLC Principal Place of Business Mailing Address **3333 20TH STREET 3333 20TH STREET** VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt #, stc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 57-1144086 Not Applicat: Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERG, PAUL R 3333 20TH STREET Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 Zip Code FI 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 Separates, typed or printed name of registered again, and other appricable (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 Đ. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. HIGE MGR HILE ☐ Change ☐ Addition Defete NAME BERG, PAUL R U00000550459 05/13/06-80060-018 50.00 NAME STREET ADDRESS STREET ADDRESS 3333 20TH STREET CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP SITE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Belote HILE Change ☐ Addition NAME 100 M STREET AUDRESS STREET ADDRESS CHY-57-ZIP CITY-ST-ZIP ☐ Defete TIFLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-ST-ZIP Delete TITLE 71112 ☐ Change Addition NAME MALTE STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with his 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 of trustee empowered is execute this report as required by Chapter 608, Florida Statutes 11. I hereby certify that the information supplied

CATY-ST-ZIP

SIGNATURE:

\$8/06 772\$628111

FILED