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# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 044 \*\*\*\*50.00

<b>DOCUMENT # L03000015801</b>					
1. Entity Name OCEAN SHORE INVESTMENTS, LLC					
Principal Place of Business 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114			Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114		
2. Principal Place of Business 444 SEABREEZE BLVD.			3. Mailing Address 444 SEABREEZE BLVD.		
Suite, Apt. #, etc. STE 1000			Suite, Apt. #, etc. STE 1000		
City & State DAYTONA BEACH, FL			City & State DAYTONA BEACH, FL		
Zip 32118		Country		Zip 32118	
				Country	
6. Name and Address of Current Registered Agent  LICHTIGMAN, CHARLES S 1030 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD. STE 1000 City DAYTONA BEACH, FL Zip Code 32118	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVIN TOWER, TRUSTER DEVIN 1030 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVIN TOWER, TRUSTEE DEVIN TOWER TRUST 444 SEABREEZE BLVD. STE 1000 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIGHTCO LIMITED PARTNERSHIP 1030 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	444 SEABREEZE BLVD. STE 1000 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONINGTON PARENTS, LLC 395 TIDESBILL CONDO ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONINGTON PARENTS, LLC 395 S. ATLANTIC AVE. ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRINGINTON FAMILY, LP 395 TIDESHALL CONDO ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONINGTON PARENTS, LLC 395 S. ATLANTIC AVE ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  3/21/05 3862383600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					