

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90015 035 \*\*\*\*50.00

**DOCUMENT # L03000015801**

1. Entity Name  
**OCEAN SHORE INVESTMENTS, LLC**



Principal Place of Business  
**444 SEABREEZE BLVD  
STE 1000  
DAYTONA BEACH, FL 32118**

Mailing Address  
**444 SEABREEZE BLVD  
STE 1000  
DAYTONA BEACH, FL 32118**

**20036566**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**65-1210900**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LICHTIGMAN, CHARLES S  
444 SEABREEZE BLVD  
STE 1000  
DAYTONA BEACH, FL 32118**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME DEVIN TOWER TRUTSER DEVIN  
STREET ADDRESS 444 SEABREEZE BLVD STE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME LIGHTCO LIMITED PARTNERSHIP  
STREET ADDRESS 444 SEABREEZE BLVD STE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME STONINGTON PARENTS, LLC  
STREET ADDRESS 395 S ATLANTIC AVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME STONINGTON PARENTS LLC  
STREET ADDRESS 395 TIDESHALL CONDO  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Charles S. Lichtigman*  
4/24/06 (886) 238 3600  
Date Daytime Phone #