


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015801 1. Entity Name OCEAN SHORE INVESTMENTS, LLC	
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Principal Place of Business
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

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



02222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1210900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIGHTCO LIMITED PARTNERSHIP
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	STONINGTON PARENTS, LLC
STREET ADDRESS	395 S ATLANTIC AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	STONINGTON PARENTS LLC
STREET ADDRESS	395 TIDESHALL CONDO
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000917081
05/13/09-80026-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/18/08
Date

386-2383600
Daytime Phone #