

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



Principal Place of Business 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

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000000917081
 05/13/09-80026-012 138.75

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: *Charles S. Lichtigman* 4/18/08 386-2383600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #