

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016604

FILED
Feb 22, 2006
Secretary of State

Entity Name: ORMOND OCEAN VENTURE, L.L.C.

Current Principal Place of Business:

2801 SW ARCHER RD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 56-2357163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MCGRUFF, LORI E
2801 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

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.

SIGNATURE: LORI E MCGRUFF

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGRUFF, LORI E
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: EMMER, PHILIP I
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: EMMER, BARBARA
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORI E MCGRUFF

MGRM

02/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date