


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # L03000021510</b>   |         |  |         |
| 1. Entity Name<br><b>OCEAN RIDGE ASSOCIATES, LLC</b>                                 |         |   |         |
| Principal Place of Business<br><b>2415 UNIVERSITY DR.<br/>CORAL SPRINGS FL 33065</b> |         | Mailing Address<br><b>2415 UNIVERSITY DR.<br/>CORAL SPRINGS FL 33065</b>          |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E083 (10/04)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>02-0704600</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>KAHN, JEFFREY<br/>2415 UNIVERSITY DR.<br/>CORAL SPRINGS FL 33065</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KAHN, JEFFREY B MGR<br>2415 UNIVERSITY DR<br>CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U000000279902<br/>03/29/05-80017-021 50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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

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

Date

Daytime Phone #

*Jeffrey Kahn*  
**3/25/05**