

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022812

Entity Name: OCEAN ARMS APTS., LLC

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

POB 361263  
MELBOURNE, FL 32936

**New Principal Place of Business:**

120 CENTRAL ROAD  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

P.O. BOX 361263  
MELBOURNE, FL 32936

**New Mailing Address:**

FEI Number: 04-3780792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BURNS, ROBERT L  
POB 361263  
MELBOURNE, FL 32936      US

**Name and Address of New Registered Agent:**

BURNS, ROBERT L  
120 CENTRAL ROAD  
INDIAN HARBOUR BEACH, FL 32937      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: ROBERT L BURNS, JR

05/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: OCEAN ARMS APT LLC,  
Address: POB 361263  
City-St-Zip: MELBOURNE, FL 32936

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L BURNS, JR

MGR

05/02/2007

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