

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90037 040 \*\*\*\*50.00

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04272006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000035275</b> 1. Entity Name <b>OCEANS WEST III, L.L.C.</b>					
Principal Place of Business <b>2970 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>				Mailing Address <b>2970 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>	
2. Principal Place of Business <b>2827 SOUTH RIDGEWOOD AVE</b>		3. Mailing Address <b>2827 SOUTH RIDGEWOOD AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SOUTH DAYTONA FL</b>		City & State <b>SOUTH DAYTONA FL</b>		4. FEI Number <b>56-2397081</b>	
Zip <b>32119</b>		Country <b>VOLUSIA</b>		Applied For Not Applicable	
Zip <b>32119</b>		Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOVE, WAYNE S</b> <b>2970 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>				7. Name and Address of New Registered Agent Name <b>EDMUND T. WALDRON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2827 SOUTH RIDGEWOOD AVENUE</b> City <b>SOUTH DAYTONA</b> FL <b>32119</b>	
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 <b>EDMUND T. WALDRON</b> <b>4/27/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GOVE, WAYNE S</b> <input checked="" type="checkbox"/> Delete <b>2970 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CALLAHAN, JOHN T III</b> <input type="checkbox"/> Delete <b>2970 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2827 SOUTH RIDGEWOOD AVENUE</b> <b>SOUTH DAYTONA FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 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: <b>John T. Callahan III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>4/27/06</b> <small>Date Daytime Phone #</small>	