

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


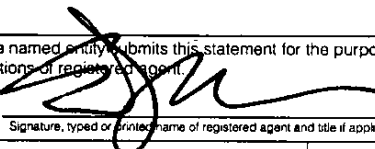
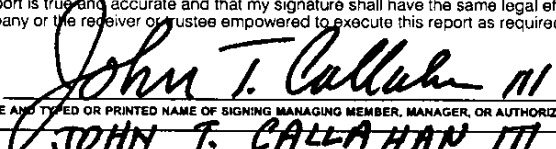
**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90040 023 \*\*\*\*50.00

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04262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000035275</b>			
1. Entity Name OCEANS WEST III, L.L.C.			
Principal Place of Business 2827 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119		Mailing Address 2827 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	
2. Principal Place of Business - No P.O. Box # <b>2901 SOUTH RIDGEWOOD AVE</b>		3. Mailing Address <b>2901 SOUTH RIDGEWOOD AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SOUTH DAYTONA FL</b>		City & State <b>SOUTH DAYTONA FL</b>	
Zip <b>32119</b>	Country <b>USA</b>	Zip <b>32119</b>	Country <b>USA</b>
4. FEI Number 56-2397081		Applied For... <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WALDRON, EDMUND J 2827 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119		7. Name and Address of New Registered Agent Name <b>EDMUND J. WALDRON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2901 S. RIDGEWOOD AVE</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  DATE <b>4/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, JOHN T III 2827 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2901 S. RIDGEWOOD AVE</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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <b>JOHN T. CALLAHAN III</b>		Date <b>4/26/07</b> Daytime Phone # <b>366 7674575</b>	