

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011061

1. Entity Name
OC DEVELOPMENT, LLC



Principal Place of Business
**442 NW 35 STREET
BOCA RATON, FL 33431 US**

Mailing Address
**442 NW 35 STREET
BOCA RATON, FL 33431 US**



04052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, ALEX P ESQ.
2115 N COMMERCE PARKWAY
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000500221
04/25/06-80013-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRIONE, FRANK
STREET ADDRESS	442 NW 35 STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	KAUB, FRED
STREET ADDRESS	442 NW 35 STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	ROSENTHAL, ALEX P
STREET ADDRESS	2115 N COMMERCE PARKWAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Nicholas Wells* - Nicholas Wells - Controller

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

4/6/06

Date

561-347-0070

Daytime Phone #