

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # LQ4000012090**

**1. Entity Name**  
**OCEANSIDE HOMES, LLC**



**Principal Place of Business**  
**6291 VIA VENETIA NORTH**  
**DELRAY BEACH, FL 33484**

**Mailing Address**  
**6291 VIA VENETIA NORTH**  
**DELRAY BEACH, FL 33484**



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**80-0099159**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**ROTHENBERG, LARRY A PA**  
**815 CANAL RIDGE DRIVE**  
**CORAL SPRINGS, FL 33071**

**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**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**PITOCHELLI, RONALD**  
**6291 VIA VENETIA NORTH**  
**DELRAY BEACH, FL 33484**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**CASALE, DONATO W**  
**5213 BODEGA PLACE**  
**DELRAY BEACH, FL 33484**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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01/20/06-80045-021 55.00

**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:**

*Ronald P. Pitocchi*

01-11-06

561-504-9000

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

Date

Daytime Phone #