

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012090

Entity Name: OCEANSIDE HOMES, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

6291 VIA VENETIA NORTH
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

6291 VIA VENETIA NORTH
DELRAY BEACH, FL 33484

New Mailing Address:

4801 LINTON BLVD. 11A,
#643
DELRAY BEACH, FL 33445

FEI Number: 80-0099159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STEINBERG, SONDR A
4801 LINTON BLVD. 11A
#643
DELRAY BEACH, FL 33445 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: SONDR A STEINBERG

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PITOCCELLI, RONALD
Address: 6291 VIA VENETIA NORTH
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: CASALE, DONATO W
Address: 5213 BODEGA PLACE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CASALE, DONATO W
Address: 4801 LINTON BLVD. 11A, #643
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: DONATO W CASALE

MGRM

01/10/2007

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