

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

03-25-2005 90133 002 ****50.00

DOCUMENT # L04000026538 1. Entity Name FLORIDIAN OCEAN PARK, LLC																																									
Principal Place of Business 11 DEWITT PLACE TEQUESTA, FL 33469			Mailing Address 11 DEWITT PLACE TEQUESTA, FL 33469																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																						
City & State Zip Country			City & State Zip Country																																						
4. FEI Number 20-0994355			Applied For ☐ Not Applicable																																						
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																									
6. Name and Address of Current Registered Agent WRIGHT, LARRY E 11 DEWITT PLACE TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 45%;"> MANAGING MEMBER LARRY E. WRIGHT 11 DEWITT PLACE TEQUESTA FLA. 33469 </td> <td style="width: 10%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LARRY E. WRIGHT 11 DEWITT PLACE TEQUESTA FLA. 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 806, Florida Statutes.																																									
SIGNATURE:				Date 3-22-05 Daytime Phone # 561-122-9971																																					

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