

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90041 002 ****50.00

DOCUMENT # L04000034036

1. Entity Name
OCEAN SPIRIT LIMITED LIABILITY COMPANY



Principal Place of Business
**414 NW 9TH AVENUE
HOMESTEAD, FL 33030 US**

Mailing Address
**626 CORAL WAY
803
CORAL GABLES, FL 33134 US**

40000660

2. Principal Place of Business
626 CORAL WAY

Suite, Apt. #, etc.
803

City & State
CORAL GABLES

Zip
FL 33134 Country
USA

3. Mailing Address
626 CORAL WAY

Suite, Apt. #, etc.
803

City & State
CORAL GABLES

Zip
FL 33134 Country
USA

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
77-0632404

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVERMAN, STEVEN
4500 S DADELAND BLVD
STE 550
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
4500 S DADELAND BLVD

SAME

City
SAME FL Zip Code
SAME

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 reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUSSINIAN, EDWARD O 626 CORAL WAY # 803 CORAL GABLES, FL 33134 <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	MGRM LOUSSINIAN, INES M 626 CORAL WAY # 803 CORAL GABLES, FL 33134 <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	MGRM OCEAN SPIRIT RACING CORP. 4000 GRANADA BOULEVARD CORAL GABLES, FL 33134 <input checked="" 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
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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: EDWARD LOUSSINIAN **MGRM** 01-06-06 305-446-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #