

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034984

Entity Name: OCEAN TERRACE, LLC

FILED
Feb 20, 2006
Secretary of State

Current Principal Place of Business:

4911 LYONS TECH PARKWAY
SUITE 18
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4911 LYONS TECH PARKWAY
SUITE 18
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 02-0724639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINTRAUB, PETER
2650 NORTH MILITARY TRAIL
SUITE 150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRENADIER, JOSEPH S
Address: 4911 LYONS TECH PARKWAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: PULWER, ED
Address: 4911 LYONS TECH PARKWAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: GRENADIER, MARK
Address: 4911 LYONS TECH PARKWAY
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

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

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

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

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: JOSEPH S. GRENADIER

MM

02/20/2006

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