

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041987

Entity Name: THE OCEAN GROUP, LLC

FILED
Oct 10, 2006
Secretary of State

Current Principal Place of Business:

160 COQUINA KEY DRIVE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

160 COQUINA KEY DRIVE
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 20-1998306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICE ROSE & SNELL, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

BARKER, KENNETH B
160 COQUINA KEY DIVE
ORMOND BEACH, FL 32176 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: KENNETH B BARKER

10/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARKER, KENNETH B
Address: 160 COQUINA KEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM () Delete
Name: BARKER, PAULA L
Address: 160 COQUINA KEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

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: KENNETH BARKER

MGRM

10/10/2006

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