
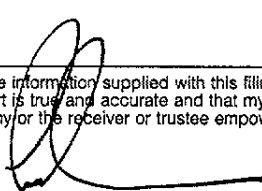


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046710		
1. Entity Name OCEAN CLUB OF BREVARD COUNTY, LLC		
Principal Place of Business 116 ALHAMBRA CIRCLE STE. J CORAL GABLES, FL 33134	Mailing Address 116 ALHAMBRA CIRCLE STE. J CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		01042006No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-1401673 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAME, LAWRENCE 116 ALHAMBRA CIRCLE STE. J CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERBERT, DAVID 116 ALHAMBRA CIRCLE STE. J CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, OLGA PIZZI 116 ALHAMBRA CIRCLE STE. J CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		01/11/06-80023-025 55.00 1.6.06 305 444 7100 Date Daytime Phone #