

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000047563

1. Entity Name
OCV, LLC



Principal Place of Business
914 ATLANTIC AVE
STE 2-F
FERNANDINA BEACH, FL 32024

Mailing Address
914 ATLANTIC AVE
STE 2-F
FERNANDINA BEACH, FL 32024



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1051578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEADBEATER, JOHN T
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHELON, RUSSELL D 914 ATLANTIC AVE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, JOHN F III 914 ATLANTIC AVE FERNANDINA BEACH, FL 32024
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05/12/06-80008-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

APR 11 2006
803-643-4302-803-643-113