

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047563

Entity Name: OCV, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

777 SOUTH FLAGLER DR
SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

777 SOUTH FLAGLER DR
SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-1312324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEADBEATER, JOHN T
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: PHELON, RUSSELL D
Address: 777 S FLAGLER DR STE-800 W TOWER
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SAPP, KATHY H
Address: 777 S FLAGLER DR STE-800 W TOWER
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: MOSIER, DAVID H
Address: 777 S FLAGLER DR STE-800 W TOWER
City-St-Zip: WEST PALM BEACH, FL 33401

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 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: KATHY H. SAPP

MGR

03/20/2009

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