

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057375

Entity Name: OCEANS7, L.L.C.

FILED  
Sep 07, 2005  
Secretary of State

**Current Principal Place of Business:**

1388 N.W. 2ND AVENUE, STE 5  
BOCA RATON, FL 33429

**New Principal Place of Business:**

**Current Mailing Address:**

1388 N.W. 2ND AVENUE, STE 5  
BOCA RATON, FL 33429

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

**Name and Address of New Registered Agent:**

BLUNT, JASON  
1388 NW 2ND AVENUE, STE 5  
BOCA RATON, FL 33429 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLUNT, JASON  
Address: 1028 CORALINA LANE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Delete  
Name: LAYMAN, SCOTT  
Address: 618 TURNIPTOWN ROAD  
City-St-Zip: ELLIJAY, GA 30536

**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 Section 119.07(3)(i), 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: JASON D BLUNT

MGRM

09/07/2005

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