

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063640

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** OCEANSIDE PALMS LLC

**Current Principal Place of Business:**

211 CAROLINE STREET  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

211 CAROLINE STREET  
OFFICE  
CAPE CANAVERAL, FL 32920 US

**Current Mailing Address:**

211 CAROLINE STREET  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

211 CAROLINE STREET  
OFFICE  
CAPE CANAVERAL, FL 32920 US

FEI Number: 38-3706672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WELLS, JEFFERY W  
3201 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931 US

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

WELLS, JEFFERY W  
211 CAROLINE STREET  
OFFICE  
CAPE CANAVERAL, FL 32920 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: JEFFERY W WELLS

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLS, JEFFERY W  
Address: 3201 N. ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WELLS, JEFFERY W  
Address: 211 CAROLINE STREET OFFICE  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JEFFERY W WELLS

MGRM

01/18/2007

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