2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 17, 2005 8:00 am Secretary of State

DOCUMENT # L04000064588 1. Entity Name OCEAN ADVANTAGE INTERNATIONAL, L.L.C.					07-11-2005 90044 049 ****50.00				
	e of Business AVENUE, 2ND FLOOR CH, FL 33483	DR			141 1411 1411 14 14 14 14 14		Titos ell		
2. Principal P	tace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052005	Chg-LLC	CR2E	083 (10/03)	1
City & State		City & State			4. FEI Numb	er -16142	81	-	oplied For of Applicable
<i>Ž</i> ip	Country	Zip Coun		У	5. Certificat	of Status Desired		\$5,00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	$\overline{}$	Name	7. Name an	d Address of New	Registered	Agent	
	GREY H AVENUE, 2ND FLOOR BEACH, FL 33483	Street Address		P.O. Box Numb	per is Not Acceptab	le)			
DECION C									·
<u> </u>				City			FL	Zio Coc	
8. The above the obligation SIGNATURE.	named entity submits this statement in ions of registered agent.	or the purpose of changing its	registered	d office or register	ed agent, or bo	oth, in the State of F	lorida. Jam	familiar with	and accept
SIGNATURE .	Signeture, typed or printed name of registered agent	and tide if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)		DATE		
	ing Fee is \$50.00 ry September 7, 2005						ke check p la Depertm	eyable to ent of Stat	•
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME	MGR GORNDT, GREY	C) Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	40 N.E. 7TH AVENUE, 2ND FLC DELRAY BEACH, FL 33483	OOR	STREET CITY-S	ADDRESS IT-ZIP					
TILE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADDRESS					
TITLE		☐ Delete	TITLE NAME			-		Change	Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP					
TITLE NAME		¯ □ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS T-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	-				Change	Addition
STREET ADDRESS CITY-ST-ZIP				ADORESS T-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		7 ~	STREET CITY-ST	ADORESS 1-ZIP					
11. I hereby c indicated limited flat	erity that the information supplied will on this report is true and accurate and bility company or the receiver or thiste	n this filing does not qually for that my signature shall have t e empowered to execute this i	the exemplified the same in	ption stated in Sec egal effect as if m equired by Chapte	ction 119.07(3) ade under oath er 608, Florida	I), Florida Statutes. ; that I am a mana Statutes.	I further cert ging membe	ify that the ir or manage	formation s of the
	URE:	up pu	P		2	15/2005	- /	56/8	7039