

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90045 011 \*\*\*\*50.00

<b>DOCUMENT # L04000065599</b> 1. Entity Name <b>OCEANS 5, LLC</b>					
Principal Place of Business <b>5365 EAST COUNTY HIGHWAY 30-A SUITE # 107 SEAGROVE BEACH, FL 32459 US</b>			Mailing Address <b>5365 EAST COUNTY HIGHWAY 30-A SUITE # 107 SEAGROVE BEACH, FL 32459 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-1580600</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>COGGIN, REDUS 76 BARCELONA AVENUE SEAGROVE BEACH, FL 32459</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COGGIN, REDUS 76 BARCELONA AVENUE SEAGROVE BEACH, FL 32459</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MITCHELL, WAYNE D JR. 45 SEAWALK CIRCLE SEAGROVE BEACH, FL 32459</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FAULKENBERRY, DAVID A 9097 SHOAL CREEK DRIVE TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.			850 <b>2-17-05 231-7001</b>		
<b>SIGNATURE:</b> <i>M.R. Coggin Jr.</i> M. R. COGGIN JR. MGRM			Date: _____ Daytime Phone #: _____		