

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90119 001 ***660.00

DOCUMENT # L04000071802

1. Entity Name
OCEAN GARDENS, LLC



Principal Place of Business

**66 N. ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931 US**

Mailing Address

**66 N. ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931 US**

30006832



03172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1705427

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCALES, JOSEPH ROBERT
66 N. ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ZANA, YANE F
66 N. ATLANTIC AVENUE #205
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCALES, ROBERT J
66 N. ATLANTIC AVENUE #205
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

YANE F. ZANA

Manager Member

5/1/06

Date

(772) 532-3418

Daytime Phone #