


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90032 024 ****55.00

DOCUMENT # L04000090385	
1. Entity Name THE VILLAGES OF OCEAN SHORES LLC	

Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 US	Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 US
--	--

2. Principal Place of Business 1600 DEXTER AVE NORTH	3. Mailing Address 1600 DEXTER AVE NORTH
Suite, Apt. #, etc. SUITE B2	Suite, Apt. #, etc. SUITE B2
City & State SEATTLE WA	City & State SEATTLE WA
Zip 98109	Country USA



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR 76-0781899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
SCHWARTZ, ROBERT M 4700 NW BOCA RATON BLVD., SUITE 104 BOCA RATON, FL 33431-4860	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

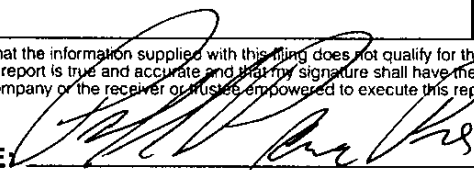
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARISER, PAUL S PRES		NAME	
STREET ADDRESS P.O. BOX 160278		STREET ADDRESS	
CITY-ST-ZIP BIG SKY, MT 59716		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID, LUCIE S VPST		NAME	
STREET ADDRESS P.O. BOX 160278		STREET ADDRESS	
CITY-ST-ZIP BIG SKY, MT 59716		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENJAMIN, PARISER S VP CONST		NAME PARISER, BENJAMIN S VP	
STREET ADDRESS 1600 DEXTER AVE NORTH, SUITE B2		STREET ADDRESS 1600 DEXTER AVE NORTH, SUITE B2	
CITY-ST-ZIP SEATTLE, WA 98109		CITY-ST-ZIP SEATTLE, WA. 98109	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  **3/29/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #