

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010431

FILED
Apr 18, 2006
Secretary of State

Entity Name: 1824 OCEAN GROVE DR., LLC

Current Principal Place of Business:

13724 SHADY WOODS STREET NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

9310 OLD KINGS RD. S., STE. 1401
JACKSONVILLE, FL 32257

Current Mailing Address:

13724 SHADY WOODS STREET NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

9310 OLD KINGS RD. S., STE. 1401
JACKSONVILLE, FL 32257

FEI Number: 86-1126623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTELLI & ASSOCIATES, P.L.
330 A1A N SUITE 324
JACKSONVILLE, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRANDNER, JASON M
Address: 13724 SHADY WOODS STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: BRANDNER, JEFFREY M
Address: 13724 SHADY WOODS STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BRANDNER, JEFFREY M
Address: 13846 ATLANTIC BOULEVARD #301
City-St-Zip: JACKSONVILLE, FL 32225

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: JASON M. BRANDNER

MGR

04/18/2006

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