### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L05000022063

1. Entity Name
OCEAN WATERS INVESTMENTS, LLC



Apr 24, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

Mailing Address

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2447129 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS (MANAGERS

BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

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	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent.							of Florida.	. I am familiar with, and accept			
II IB ODIII	Janona or regis	nored agent.			•		•					
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(NOTE: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR ·					
NAME	BRAY, CHARLES					
STREET ADDRESS	600 NORTH ATLANTIC AVENUE					
CITY-ST-ZIP	DAYTONA BEACH, FL 32118					
TITLE	MGR					
NAMÉ	GILLESPIE, JOSEPH G					
STREET ADDRESS	600 NORTH ATLANTIC AVENUE					
CITY-ST-ZIP	DAYTONA BEACH, FL 32118					
TITLE						
NAME	•					
STREET ADDRESS						
CITY-ST-ZIP						
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NAME .	,					
STREET ADDRESS	•					
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the						

U00000918426 05/13/08-80079-015 138.75

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11. I hereby certify that the information supplied with this filling 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:

E AND TYPED OR PRINTED NAME OF SIGNING MANAGE

MEMBER, OR AUTHORIZED REPRESENTATIVE

386-267-1603

Daylime Phone #