2006 LIMITED LIABILITY COMPANY

SIGNATURE:

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L05000036889** 05-01-2006 90081 002 ****50.00 A OCEAN ENTERPRISES, LLC Mailing Address Principal Place of Business 1162 ABBEY CIR NE 1162 ABBEY CIR NE PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262008 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD QUINCY, FL 32351 Zip Code City 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 it applicable. (NOTE: Registered Agent signature require 2 when reits Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TILLE ☐ Detete TITLE ☐ Change ☐ Addition JOY, STEPHEN A NAME NAME STREET ADDRESS 1162 ABBEY CIR NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition NAME ALEXANDER, SCOTT NAME STREET ADDRESS 9 COLONIAL WAY STREET ADDRESS CITY-ST-7IP INDIAN HARBOUR BEACH, FL 32937 CITY ST. 719 TITLE ☐ Delete TITLE Change ☐ Addition NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE ☐ Change ☐ Addition Odete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **JJTIT** TIBE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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 it made under oath; that I am a managing member or manager of the limited liability company or the peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

FILED

Daytime Phone #