

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90019 003 ****50.00

DOCUMENT # L05000042430

1. Entity Name

OCEAN 1 PROPERTIES, LLC



Principal Place of Business

12200 CLASSIC DRIVE
CORAL SPRINGS FL 33071

Mailing Address

12200 CLASSIC DRIVE
CORAL SPRINGS FL 33071



2. Principal Place of Business

4324 Ocean Dr
Suite, Apt. #, etc.

3. Mailing Address

12200 Classic Dr
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Lauderdale by the Sea

City & State

Coral Springs, FL

Zip
33308

Country
USA

Zip
33071

Country
USA

4. FEI Number EIN#

* 20-2905401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, CRAIG
12200 CLASSIC DRIVE
CORAL SPRINGS FL 33071

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

Craig A Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006.

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MILLER, CRAIG
12200 CLASSIC DRIVE
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Craig A Miller

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

Date

Daytime Phone #

5/13/06 516425-2558