2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000044001

Entity Name: OZONA SHORES MARINE CENTER, L.L.C.

Current Principal Place of Business:

291 ALTERNATE 19
PALM HARBOR, FL 34683

New Principal Place of Business:

137 SHORE DR
PALM HARBOR, FL 34683

Current Mailing Address:

291 ALTERNATE 19
PALM HARBOR, FL 34683

New Mailing Address:

PO BOX 6828
OZONA
PALM HARBOR, FL 34683

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOT, HERB
623 E TARPON AVENUE
TARPON SPRINGS, FL 34689 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: OZONA SHORES MARINE, INC
Address: 137 SHORE DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR ( ) Delete
Name: AZARA, JOHN
Address: 291 ALTERNATE 19
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PRES (X) Change ( ) Addition
Name: AZARA, JOHN
Address: 137 SHORE DR
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR ( ) Change (X) Addition
Name: AZARA, ERICA
Address: 137 SHORE DR
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify 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: JOHN AZARA PRES 04/30/2009

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