

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000052402

1. Entity Name
OCEAN AVENUE, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

Principal Place of Business
15051 S. TAMiami TRAIL
SUITE 203
FORT MYERS, FL 33908

Mailing Address
15051 S. TAMiami TRAIL
SUITE 203
FORT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
38-3723367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARVIN & TRIPP, PA
2532 EAST FIRST STREET
FORT MYERS, FL 33902

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE M ☒ Delete
NAME LEVINE, SCOTT D
STREET ADDRESS 8221 GLADES ROAD, SUITE 101
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR ☐ Delete
NAME ADKINS, EDWARD D
STREET ADDRESS 15051 S TAMiami TRL STE 203
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE MGR ☐ Delete
NAME LEVINE, STEVEN G
STREET ADDRESS 2824 VALENCIA WAY
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100129506961
05/15/08--01002--020 **50.00

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

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

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 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:

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

Date

Daytime Phone #