

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078899

FILED
May 01, 2007
Secretary of State

Entity Name: OCEAN CONSTRUCTION GROUP, LLC

Current Principal Place of Business:

2760 68TH ST. SW
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

2760 68TH ST. SW
NAPLES, FL 34105 US

New Mailing Address:

4646 DOMESTIC AVE #103
NAPLES, FL 34104 US

FEI Number: 22-3916173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

COLLIER COUNTY REAL ESTATE MANAGEMENT, LLC
2760 68TH ST SW
NAPLES, FL 34105 US

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: FRANK C. LECHNER

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHEELER, RICHARD S
Address: 2760 68TH ST. SW
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM () Delete
Name: RITTER, JACQUELINE M
Address: 1289 NOTTINGHAM DR.
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES:

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

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

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: FRANK C. LECHNER

MGR

05/01/2007

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