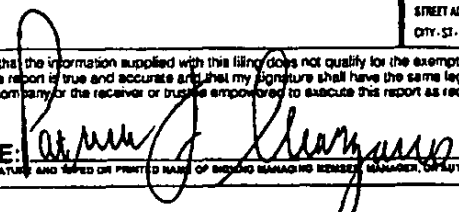


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Jun 26, 2006 8:00 am
Secretary of State

04-12-2006 90021 031 ****50.00

DOCUMENT # L05000084617																																																																																							
1. Entity Name OCEAN 1001 LLC																																																																																							
Principal Place of Business 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069		Mailing Address 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																																					
MARZANO, PATRICK F 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing.)																																																																																							
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State																																																																																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																																					
<table border="1"> <tr> <td>TITLE</td> <td>MANAGING MEMBER</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PATRICK F MARZANO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1660 NW 19 AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>POMPANO BEACH FLA 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MANAGING MEMBER</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ANTHONY BRUNO JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3329 NE 16 COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>FLAUBENDALE FL 33305</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MANAGING MEMBER	☐ Delete	NAME	PATRICK F MARZANO		STREET ADDRESS	1660 NW 19 AVENUE		CITY- ST- ZIP	POMPANO BEACH FLA 33309		TITLE	MANAGING MEMBER	☐ Delete	NAME	ANTHONY BRUNO JR		STREET ADDRESS	3329 NE 16 COURT		CITY- ST- ZIP	FLAUBENDALE FL 33305		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: 		323-06 051500-064																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON REMOVING REGISTERED AGENT, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone																																																																																					

30011234



03232006 Chg-LLC CR2E083 (11/05)

4. FEE Number **20 359 6436** Applied For Not Applicable

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