2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 22, 2006
Secretary of State

DOCUMENT# L05000086320

Entity Name: OCEANSTYLE LLC

Current Principal Place of Business:

555 N.E. 15TH STREET
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 N.E. 15TH STREET
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 71-0989135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHEATLEY, ALEXANDER MGRM
555 N.E. 15TH STREET
MIAMI, FL 33132 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:	MGRM	( ) Delete
Name:	WHEATLEY, ALEXANDER G MGRM	
Address:	16117 PALL MALL	
City-St-Zip:	LONDON UNITED KINGDOM, UK SW1T 5LU UK	
Title:	MGRM	( ) Delete
Name:	WILTSHIRE, TIM MGRM	
Address:	16117 PALL MALL	
City-St-Zip:	LONDON UNITED KINGDOM, UK SW1T 5LU UK	
Title:	MGRM	(X) Delete
Name:	BERTON, GERALD MGRM	
Address:	555 NE 15 ST	
City-St-Zip:	MIAMI, FL 33132 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ALEXANDER WHEATLEY MGRM 12/22/2006

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