


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 037 ****50.00

DOCUMENT # L05000096165		
1. Entity Name OZEAN, LLC		

Principal Place of Business P.O. BOX 7098 DESTIN, FL 32540	Mailing Address P.O. BOX 7098 DESTIN, FL 32540
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20009864

2. Principal Place of Business 10 Commerce Drive Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Destin FL	City & State
Zip 32541	Country



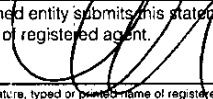
02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20.3561092	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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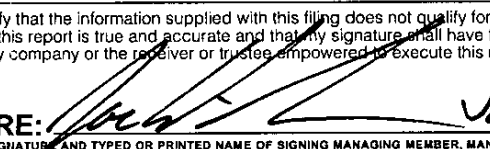
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 NORTH TAMiami TRAIL, SUITE 330 NAPLES, FL 34103	
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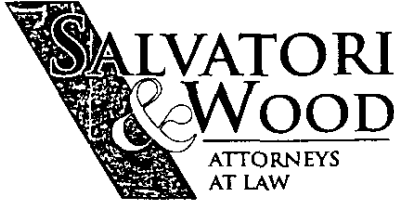
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 2/14/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 2-7-06 850-837-5946



ATTACHMENT

Northern Trust Bank Building
4001 Tamiami Trail North, Suite 330
Naples FL 34103-3060
Telephone: (239) 263-1480
Facsimile: (239) 649-0158
www.SalvatoriAndWood.com

James A. Boatman, Jr.
Robert H. Eardley
Leo J. Salvatori
Casey K. Weidenmiller
C. Lane Wood

20009864
#L05500096165-

February 15, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Joe A. Winkleler, Inc.
Winkeler Holdings, LLC
Florida Holdings, LLC
Ozean Development, LLC
Ozean, LLC
Kusten Wasser Development, LLC

Dear Sir/Madam:

Enclosed please find the 2006 Annual Report for each of the above-referenced companies, along with a check for \$50 for each filing.

If you should have any questions regarding the enclosed, please do not hesitate to contact me.

Thank you for your assistance.

Respectfully,

SALVATORI & WOOD, P.L.

Leo J. Salvatori

LJS/sn

Enclosures