## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

**DOCUMENT # L05000096165** 

1. Entity Name OZEAN, LLC



Principal Place of Business

10 COMMERCE DR DESTIN, FL 32541

SIGNATURE:

Mailing Address

P.O. BOX 7098 DESTIN, FL 32540

## FILED Jan 09, 2008 8:00 am Secretary of State

01-09-2008 90018 043 \*\*\*138.75

PARAMASAT



01072008 No Chg-LLC

01.08.08

CR2E083 (12/07)

4.	FEI Number		Applied For
	20-3561092		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional iired

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L. 4001 NORTH TAMIAMI TRAIL, SUITE 330 NAPLES, FL 34103 DO NOT WRITE IN THIS SPACE

		,	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered ago	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re	instating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WINKELER, JOSEPH A		
STREET ADDRESS	10 COMMERCE DR		* 4.
CITY-ST-ZIP	DESTIN, FL 32541		
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NAME			
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11. I hereby indicated limited lia	certify that the information sympled with this filling does not don this report is true and accurate and that my agnature sability company or the receiver or trustee empowered to ex-	qualify for the exemptions contained in C shall have the same legal effect as if made ecute this report as required by Chapter 6	chapter 119, Florida Statutes. I further certify that the information e under oath; that I am a managing member or manager of the 508, Florida Statutes.