

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 027 ****50.00

DOCUMENT # L05000102018 1. Entity Name OC'S ENTERPRISES, LLC																													
Principal Place of Business 9723 WHITE BARN WAY RIVERVIEW, FL 33569			Mailing Address 9723 WHITE BARN WAY RIVERVIEW, FL 33569																										
2. Principal Place of Business		3. Mailing Address PO Box 2460																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State Riverview FL		4. FEI Number 86-7148587																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
Zip 33568		Country		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent O'CONNOR, SYLVESTER O 9723 WHITE BARN WAY RIVERVIEW, FL 33569			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: <u>Sylvester O'Connor</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>03-13-06</u>																													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete</td> </tr> <tr> <td></td> <td>MG-RM Sylvester O'Connor</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9723 White Barn Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Riverview, FL 33569</td> <td></td> </tr> </table>			TITLE	NAME	Delete		MG-RM Sylvester O'Connor	<input type="checkbox"/>	STREET ADDRESS	9723 White Barn Way		CITY-ST-ZIP	Riverview, FL 33569		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></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	NAME	Delete			<input type="checkbox"/>	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: <u>Sylvester O'Connor</u> DATE: <u>03-13-06</u> DAYTIME PHONE #: <u>813-3349101</u>																													