


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90154 024 ****50.00

DOCUMENT # L05000115332	
1. Entity Name OCEAN RESIDENCES, LLC	

Principal Place of Business 1111 BRIKELL AVENUE, 11TH FLOOR MIAMI, FL 33131	Mailing Address 1111 BRIKELL AVENUE, 11TH FLOOR MIAMI, FL 33131
---	---

2. Principal Place of Business 2700 Glades Circle	3. Mailing Address 2700 Glades Circle
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106
City & State Weston, FL	City & State Weston, FL
Zip 33327	Country USA



01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 33-118563	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

5. Name and Address of Current Registered Agent RAMOS, ANTONIO 1111 BRIKELL AVENUE, 11TH FLOOR MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Dana DiSanto Street Address (P.O. Box Number is Not Acceptable) 2700 Glades Circle Suite 106 City Weston FL Zip Code 33327
--	--

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 *Dana DiSanto* DATE 01/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, ERASMO 1111 BRIKELL AVENUE, 11TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ramos, Erasmo 2700 Glades Circle; Suite 106 Weston, FL 33327 <input checked="" 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	CEO Dana DiSanto 2700 Glades Circle; Suite 106 Weston, FL 33327 <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

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date 01/18/2006 Daytime Phone # (305) 244-0086