## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90011 008 \*\*\*\*50.00

DOCUMENT # L05000119702  1. Entity Name OCEAN DEVELOPMENT GROUP II, LLC								04-18-2006	90011 00	8 ****5	0.00	
Principal Place of Business 11100 OVERSEAS HIGHWAY MARATHON, FL 33050 US			Mailing Address 600 DAKOTA STREET SUITE B CRYSTAL LAKE, IL 60012 US				H <b>12/1/</b> 3//// 20/// 20/// 20//	!/#! !!###    <b> </b>		CERC III (PRI		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02062006	Chg-LLC	CR2E08	3 (11/05)		
City & State				City & State			4. FEI Numb	3950219	L	- <b>-</b>	oplied For	
Zip	Country			Zip Cour		try	5. Certificate of Status Desired		□ \$	5.00 Add	ditional	
6. Name and Address of Current R							7. Name and Address of New Registered Agent					
WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY					Name Street Address			P.O. Box Number is Not Acceptable)				
MARATHON, FL 33050									<del></del> -			
						City		<u> </u>	FL	Zip Cod	е	
8. The above the obligat	named entit	y submits this st tered agent.	tatement for t	he purpose of chang	jing its registere	d office or regist	ered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE												
	Sylatore, typeo	or braneo irane or tel	gistered agent and	Ditte if applicable.	(NOTE: Registered	Agent signature requi	red when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006									e check pay Departmen		•	
9. TITLE	MGRM	MANAGIN	G MEMBERS	S/MANAGERS	10.		···········	ADDITIONS)	CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	STROM, E 600 DAKO	BO DTA STREET, LLAKE, IL 601		☐ Delete	NAME Stree	T ADDRESS ST-ZIP			[	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME				[	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME	I ADDRESS ST-ZIP			(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME	ADDRESS 31-ZIP			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME Street City-s					Change	Addition	
11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Daylore Phone 8												