


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2006-90050-012-\$50.00-\$50.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:34

<b>DOCUMENT # L05000119757</b> 1. Entity Name OCEAN REALTY USA, LLC		
Principal Place of Business <del>SEA OAKS DR.</del> ST-AUGUSTINE, FL 32080		Mailing Address <del>SEA OAKS DR.</del> ST-AUGUSTINE, FL 32080
2. Principal Place of Business OCEAN REALTY USA Suite, Apt. #, etc. 14 F STREET City & State ST. AUGUSTINE FL Zip 32080	3. Mailing Address UMTA City & State Zip Country	
4. FEI Number 20-474-3784		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07112006 Chg-LLC CR2E083 (11/05)
6. Name and Address of Current Registered Agent VOSE, GRETCHEN R 527 WEKIVA COMMONS CIRCLE APOPKA, FL 32712		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: <i>[Signature]</i> DATE: 8-28-06 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MAGUIRE, JOHN W <del>SEA OAKS DR.</del> ST-AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM JOHN W. MAGUIRE 14 F STREET UMTA ST-AUGUSTINE FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SIM WARDON 1093 AIA BEACH BLVD #346 ST-AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>[Signature]</i> DATE: 8-28-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		