

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90127 019 ***138.75

DOCUMENT # L06000000023					
1. Entity Name OCEAN SHORE INVESTMENTS, LLC					
Principal Place of Business 561 PEARL HARBOR DRIVE DAYTONA BEACH, FL 32114			Mailing Address 561 PEARL HARBOR DRIVE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 2601 S. ATLANTIC AVE		3. Mailing Address 2601 S. ATLANTIC AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAYTONA BEACH SHORES FL		City & State DAYTONA BEACH SHORES FL		4. FEI Number 43-2097787	
Zip 32118		Country USA		Applied For Not Applicable	
Zip 32118		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, DAVID J 6 EAST BAY STREET, STE. 500 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MR NAME STEPHENS, WILLIAM F STREET ADDRESS 125 OCEAN SHORE BLVD CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE MGRM NAME STEPHENS, WILLIAM F. STREET ADDRESS 125 OCEAN SHORE BLVD CITY-ST-ZIP ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MR NAME EDWARDS, SPENCE J STREET ADDRESS 6534 CHRISTOPHER PT. RD. CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE MGRM NAME EDWARDS, SPENCE J STREET ADDRESS 6534 CHRISTOPHER PT. RD. CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MS NAME TURK, ROSEMARY P STREET ADDRESS 10201 E 89TH ST N CITY-ST-ZIP OWASSO, OK 74055	<input type="checkbox"/> Delete		TITLE MGRM NAME TURK, ROSEMARY P STREET ADDRESS 10201 E 89TH ST N CITY-ST-ZIP OWASSO, OK 74055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MR NAME JONES, EDWARD H STREET ADDRESS 1121 SHAGBARK LANE CITY-ST-ZIP LEXINGTON, KY 40515	<input type="checkbox"/> Delete		TITLE MGRM NAME WOODFINE, JOSEPHINE J STREET ADDRESS 5946 BOGGSFORD RD CITY-ST-ZIP PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MRS NAME WOODFINE, JOSEPHINE J STREET ADDRESS 5946 BOGGSFORD RD CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE MGRM NAME RESLAN, GHASSAN R STREET ADDRESS 426 BAYBERRY LAKES BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MR NAME RESLAN, GHASSAN R STREET ADDRESS 876 CHICKADEE DR CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE MGRM NAME STEPHENS, WILLIAM M STREET ADDRESS 125 OCEAN SHORE BLVD CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" 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>William F Stephens</i>			4/18/08 386 334-1335		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

TITLE: MGRM

ATTACHMENT

☒ CHANGE

NAME: JONES, EDWARD H.

60027382

ADDRESS: 1121 SHAGBARK LANE

606000000023

CITY-ST-ZIP: LEXINGTON, KY 40515