

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030649

Entity Name: OPEN OCEANS, LLC

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

2297 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2297 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 20-4491351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROOVER, CLARAMARGARET H  
1124 BRYN MAWR STREET  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: JACOBS, DAVID  
Address: 1509 WEST COLONY AVENUE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VPS ( ) Delete  
Name: VALVANO, JAMES T  
Address: 1302 CINDA COURT  
City-St-Zip: ST. CLOUD, FL 34772

Title: VPT ( ) Delete  
Name: JACOBS, REBECCA S  
Address: 1509 WEST COLONY AVENUE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REBECCA S. JACOBS

MRS.

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date