

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90183 015 \*\*\*\*55.00

<b>DOCUMENT # L06000063430</b>					
<b>1. Entity Name</b> OCEAN PORT LIVING GROUP, LLC					
<b>Principal Place of Business</b> 300 SOUTH POINTE DR., UNIT 606 MIAMI BEACH, FL 33139			<b>Mailing Address</b> 300 SOUTH POINTE DR., UNIT 606 MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business - No P.O. Box #</b> 81 Redwood Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 81 Redwood Rd. Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocala, FL Zip: 34472 Country: U.S.		<b>City &amp; State</b> Ocala, FL Zip: 34472 Country: U.S.		<b>4. FEI Number</b> 20-4872632	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> WOMACK, TIERRA 300 SOUTH POINTE DR., UNIT 606 MIAMI BEACH, FL 33139			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> Zip Code: _____		
<b>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.</b> SIGNATURE: <u>Tierra Womack</u> DATE: <u>08/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>WOMACK, TIERRA</b> 300 SOUTH POINTE DR., UNIT 606 MIAMI BEACH, FL 33139		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	81 Redwood Rd. Ocala, FL 34472	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Tierra Womack</u> <u>08/17/07</u> (305) 360-5851 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					