

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101270

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: OCEAN FRONT INVESTMENTS LLC

**Current Principal Place of Business:**

28 SNECKNER CT.  
MENLO PARK, CA 94025 US

**New Principal Place of Business:**

**Current Mailing Address:**

28 SNECKNER CT.  
MENLO PARK, CA 94025 US

**New Mailing Address:**

FEI Number: 20-8266125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRICHEVETS, ROSE MGRM  
18911 COLLINS AVE.  
3003  
SUNNY ISLE BEACH, FL 33160 US

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

KRICHEVETS, ROSE MGRM  
10295 COLLINS AVE  
APT 1004  
BAL HARBOUR, FL 33154 US

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: ALEX NOVELL

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOVELL, ALEX  
Address: 28 SNECKNER CT.  
City-St-Zip: MENLO PARK, CA 94025 US

Title: MGRM ( ) Delete  
Name: KRICHEVETS, ROSE  
Address: 18911 COLLINS AVE APT #3003  
City-St-Zip: SUNNY ISLE BEACH, FL 33160

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: KRICHEVETS, ROSE  
Address: 10295 COLLINS AVE, APT 1004  
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information supplied with this filing does not qualify 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: ALEX NOVELL

MGRM

03/21/2009

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