

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

04-26-2007 90035 045 ****50.00

DOCUMENT # L06000106348 1. Entity Name OCEAN VILLA, LLC					
Principal Place of Business 5215 US 1 SOUTH ST AUGUSTINE, FL 32085			Mailing Address 232 STURBRIDGE DR WYOMING, PA 19610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MODI, MAYANK R 5215 US 1 SOUTH ST AUGUSTINE, FL 32085			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MODI, MAYANK R 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALHA, HANI 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORGATTA, LOUIS 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIEGARI, GUY N 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIEGARI, GUY N 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIEGARI, GUY N 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIEGARI, GUY N 232 STURBRIDGE DR WYOMING, PA 19610	<input type="checkbox"/> Delete			
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: <u>Mayank Modi</u> (MAYANK MODI)				Date <u>4/16/07</u>	

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4. FEI Number 20-5846549 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required