

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106348

Entity Name: OCEAN VILLA, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

5215 US 1 SOUTH
ST AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

232 STURBRIDGE DR
WYOMING, PA 19610

New Mailing Address:

FEI Number: 20-5846549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODI, MAYANK R
5215 US 1 SOUTH
ST AUGUSTINE, FL 32085 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: MGR () Delete
Name: MODI, MAYANK R
Address: 232 STURBRIDGE DR
City-St-Zip: WYOMING, PA 19610

Title: MGR () Delete
Name: SALHA, HANI
Address: 232 STURBRIDGE DR
City-St-Zip: WYOMING, PA 19610

Title: MGR () Delete
Name: BORGATTA, LOUIS
Address: 232 STURBRIDGE DR
City-St-Zip: WYOMING, PA 19610

Title: MGR () Delete
Name: PIEGARI, GUY N
Address: 232 STURBRIDGE DR
City-St-Zip: WYOMING, PA 19610

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:

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

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: HANI SALHA

MGR

03/31/2009

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