


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90015 008 ***138.75

DOCUMENT # L06000122049 1. Entity Name 5011 OCEAN BOULEVARD, LLC	
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Principal Place of Business 5011 OCEAN BOULEVARD SARASOTA, FL 34242 US	Mailing Address 3255 SEAJAY DRIVE DAYTON, OH 45430 US
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DO NOT WRITE IN THIS SPACE

07172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8101872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASON, NANGYE 1900 RINGLING BOULEVARD SARASOTA, FL 34236	Joe R. Hembree 1335 Second Street Sarasota, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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: Joe R. Hembree DATE: 8/20/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOFINO, MICHAEL 3255 SEAJAY DRIVE DAYTON, OH 45430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOFINO, CHARLES J Deceased. 420 BEACH ROAD #809 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Joe R. Hembree Joe R. Hembree 8/20/08 941-957-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #