2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Sep 02, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L07000052	2605		09-02-2008 90077 030 *** 138.73
OCEANL	IFE PROPERTIES, LLC			
Principal Plac	ce of Business	Malling Address		50009894
1244 SAND1		P.O. BOX 630		00,00001
SI. GEURGE	ISLAND, FL 32328	EASTPOINT, FL 32328		I INTERNATI DIN ARTRI REGNA BATTI DEBIT CETTA OFFICE UTITA UTITE CHER REGNAL HITTER IN IDEN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		07282008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For 26-0176/44 Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
MOODY	IOHN D		Name	
MOODY, JOHN R 1244 SANDY LANE			Street Ad	ddress (P.O. Box Number is Not Acceptable)
ST. GEOR	RGE ISLAND, FL 32328			
			City	FL Zip Code
6. The above the obligat	 named entity submits this statement for tions of registered agent. 	or the purpose of changing its r	egistered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agen	t and trie if applicable. (NOTE:	Registered Agent signatu	ture required when reinstaing) DATE
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with saliability company did	. 607.193(2)(b), F not receive the p	F.S., the limited prior notice. Hake attrict, personal to Florida Department of Space
-	41444 0 110 4 155 150			
TITLE	MANAGING MEMB	EHS/MANAGERS Delete	10.	ADDITIONS/CHANGES
IVME	MOODY, JOHN R	LT OURSE	NAME	- Committee - Account
STREET ADDRESS	P.O. BOX 630		STREET ADORESS	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	
TITLE	MGRM GALLOWAY, JEFFREY S	De lette	TITLE	☐ Change ☐ Addition
STREET ADDRESS	45 E. FIRST STREET		NAME Street Adoress	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	
ШЕ		☐ Delete	TITLE	
STREET ADDRESS:	1		1111	☐ Change ☐ Addition
CITY-ST-7#	1		NAME	Change Addition
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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 eath; 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.