2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# L07000097358

Entity Name: OCEAN RENTAL, LLC

Current Principal Place of Business:

7550 COLLINS ROAD
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

7550 COLLINS ROAD
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTERFELD, DEBORAH A
7550 COLLINS ROAD
JACKSONVILLE, FL 32244 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: MGRM ( ) Delete
Name: WESTERFELD, DEBORAH A
Address: 7550 COLLINS ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MEMB ( ) Change (X) Addition
Name: WESTERFELD, DONOVAN E
Address: 7550 COLLINS ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MEMB ( ) Change (X) Addition
Name: DAVIS, CATHERINE L
Address: 5375 ORTEGA FARMS BLVD #205
City-St-Zip: JACKSONVILLE, FL 32210 US

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: DEBORAH A. WESTERFELD MGRM 08/12/2009

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