


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000114900 1. Entity Name OCIEN ESCAPE, LLC						FILED 08 APR 25 PM 1:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 149 ST. FRANCIS DRIVE DESTIN, FL 32550				Mailing Address 451 WEST BONITA AVE., #20 SAN DIMAS, CA 91773			
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 CORPDIRECT AGENTS, INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABIB, BISHOY 451 W. BONITA AVE., #20 SAN DIMAS, CA 91773			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500125811255 04/25/08--01026--021 **138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABIB, DJANA 451 W. BONITA AVE., #20 SAN DIMAS, CA 91773			TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/25/08--01026--021 **138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABIB, DJANA 451 W. BONITA AVE., #20 SAN DIMAS, CA 91773			TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/25/08--01026--021 **138.75		
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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 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: _____ MAGEO EIDONM, CPA 04/24/08 909-592-2227 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							