

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032887

Entity Name: 1900 OCEANSHORE, L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3423 NORTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

New Principal Place of Business:

3423 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

Current Mailing Address:

3423 NORTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

New Mailing Address:

3423 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

FEI Number: 26-2357349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO & GUNTARP, P.A.
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137 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: JOHNSTON, GREGORY A
Address: 3423 NORTH OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLAGLER OCEANFRONT, LLC
Address: 3423 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR () Change (X) Addition
Name: BETH AZOR REVOCABLE TRUST DATED 05/14/2003
Address: 11173 SW 37 MANOR
City-St-Zip: DAVIE, FL 33328 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: GREGORY JOHNSTON

MGR

04/30/2009

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