

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076398

FILED
Jan 26, 2009
Secretary of State

Entity Name: OCEANLIFE ORCHARDS, LLC

Current Principal Place of Business:

15421 WEST DIXIE HWY
BAY #19
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

15421 WEST DIXIE HWY
BAY #19
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 26-3186313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALON, COHEN
15421 WEST DIXIE HWY
BAY #19
NORTH MIAMI BEACH, FL 33162 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: COHEN, ALON
Address: 15421 WEST DIXIE HWY, BAY # 19
City-St-Zip: NORTH MIAMI BEACH, FL 33162 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: MGR () Change (X) Addition
Name: CHESAL, BRIAN
Address: 15421 WEST DIXIE HWY, BAY # 19
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGR () Change (X) Addition
Name: DANISOVSZKY, STEPHEN
Address: 15421 WEST DIXIE HWY, BAY # 19
City-St-Zip: NORTH MIAMI BEACH, FL 33162 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: STEPHEN DANISOVSZKY

MGR

01/26/2009

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