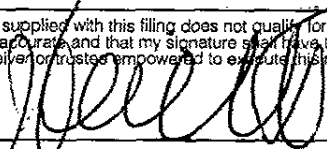


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001994 1. Entity Name O.C.E. THREE, L.L.C.			
Principal Place of Business 423 S. KELLER RD. #201 ORLANDO, FL 32810		Mailing Address 423 S. KELLER RD. #201 ORLANDO, FL 32810	
DO NOT WRITE IN THIS SPACE			
		01092004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 59-3568894	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFKOWITZ, HOWARD B 423 S. KELLER RD. #201 ORLANDO, FL 32810		DO NOT WRITE IN THIS SPACE	
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 renewing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004			
U000000144443 04/30/04 80131-007 50.00			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEFKOWITZ, HOWARD B 423 S. KELLER RD. #201 ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/6/04 407-667-8989			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			