


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90030 020 ****50.00

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
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20032681



2. Principal Place of Business 1151 N. Orange Ave Suite, Apt. #, etc.	3. Mailing Address 1151 N. Orange Ave. Suite, Apt. #, etc.
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04112005 Chg-LLC CR2E083 (10/03)

City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Zip 32789
Country USA	Country USA

4. FEI Number 59-3568894	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEFKOWITZ, HOWARD B 423 S. KELLER RD. #201 ORLANDO, FL 32810	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1151 N. Orange Ave. City Winter Park FL Zip Code 32789	
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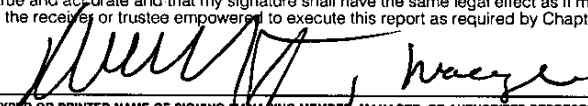
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	1151 N. Orange Ave Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 4/11/06	Daytime Phone # 407-667-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE HOWARD B. LEFKOWITZ, Mgr.		