2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90224 010 ***138.75 DOCUMENT # L99000001994 1. Entity Name O.C.É. THREE, L.L.C. 60020041 Principal Place of Business Mailing Address 1151 N ORANGE AVE 1151 N ORANGE AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 01182008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3568894 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEFKOWITZ, HOWARD B DO NOT WRITE 1151 N ORANGE AVE WINTER PARK, FL 32789 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, 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LEFKOWITZ, HOWARD B NAME STREET ADDRESS 1151 N ORANGE AVE WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 a course 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and a managing member or manager of the limited liability company or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and a managing member or manager of the limited liability company or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and a managing member or manager of the limited liability company or the exemptions contained in Chapter 119, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

NAME STREET ADDRESS CITY-ST-ZIP

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

407-667-8989