

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001289**

1. Entity Name  
**OCEANA LLC**



Principal Place of Business  
**1119 WEST KILBOURN AVENUE  
MILWAUKEE, WI 53233**

Mailing Address  
**1119 WEST KILBOURN AVENUE  
MILWAUKEE, WI 53233**



02122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**39-3606044**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHUDNOW, DANIEL M  
3400 BURNS ROAD, SUITE 104  
PALM BEACH, FL 33410**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE PD  
NAME CHUDNOW, DANIEL M  
STREET ADDRESS 1119 W. KILBOURN AVE.  
CITY-ST-ZIP MILWAUKEE, WI 53233

TITLE VD  
NAME CHUDNOW, BRIGITTE  
STREET ADDRESS 1119 W. KILBOURN AVE.  
CITY-ST-ZIP MILWAUKEE, WI 53233

TITLE STD  
NAME SMULYAN, BETTY E  
STREET ADDRESS 1119 W. KILBOURN AVE.  
CITY-ST-ZIP MILWAUKEE, WI 53233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000164114  
07/07/04-80032-010 50.00

**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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Daniel M. Chudnow

Manager 7-1-04 414-274-6000