2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001289

1. Entity Name
OCEANA LLC

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

01282005No 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000220354
02/08/05-80064-020 50.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/31/05 414-274-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #