


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002862</b> 1. Entity Name <b>OCEANFRONT HOUSING INVESTORS LLC</b>	
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Principal Place of Business <b>22727 EDGECLIFF DRIVE CLEVELAND, OH 44123</b>	Mailing Address <b>22727 EDGECLIFF DRIVE CLEVELAND, OH 44123</b>
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**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>30-0122642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DAVIS, RICHARD T 250 AUSTRALIAN AVENUE, SUITE 1601 WEST PALM BEACH, FL 33401</b>
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDGECLIFF MGMT CO 22727 EDGECLIFF DRIVE CLEVELAND, OH 44123
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11/20/05-80028-014 50.00

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.

By: **EDGECLIFF MANAGEMENT CO - MANAGING MEMBER**  
By: **JEFFERY LINKER - PRES.**  
**SIGNATURE:**  **C. L.** 1/4/05 216-261-5991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #