2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # M0300000108 1. Entity Name ONE NORTH OCEAN, L.L.C.					02-24-2005 90106 022 ****50.00				
Principal Place of Business		Mailing Address							
4200 WEST CYPRESS, SUITE 444 Tampa, FL 33607		4200 WEST CYPRESS, SUITE 444 Tampa, FL 33607							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State		4. FEI Number 03-0499			<u> </u>	olied For Applicable	
Zìp	Country Zip Country			5. Certificate of	of Status Desired		5.00 Addi		
	- 6: Name and Address of Current	Registered Agent — -			⊶7 Name and a	Address of New Ro	egistered Ag	jent –.	
CORPORATION SERVICE COMPANY			L	Name					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>	City				Zip Code	
				City			FL	l	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered	office or register	ed agent, or both	n, in the State of Flo	rida. I am far	miliar with, a	and accept
! : Signature .	• •								
	Signature, typed or printed name of registered agent a	and title if englicable (NOTE:	Decistared As	gent signature required			DATE		
- ' ' '		1	Trogrator ou M	gon agricule rodor or	when reinstating)				
Fi D	iling Fee is \$50.00 ue by May 1, 2005		Hogistorou M		when remissamy)		e check pay Departmen	•	
Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE		10.	gent agreement sections	When rewisting)		e check pay Departmer	•	
9.	ue by May 1, 2005 MANAGING MEMBE MGR		10. 11TLE	you sylvane require	Wildlife	Florida	check pay Departmen	•	☐ Addition
9. TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J	RS/MANAGERS	10. TITLE NAME		wien (wissathy)	Florida	check pay Departmen	nt of State	
9.	ue by May 1, 2005 MANAGING MEMBE MGR	RS/MANAGERS	10. TITLE NAME	ADORESS	witen (ewisading)	Florida	check pay Departmen	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR	RS/MANAGERS	10. IITLE NAME STREET / CITY-SI	ADORESS	witeri (ewisadiriy)	Florida	e check pay Departmen CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W	RS/MANAGERS Delete DN PARK, STE 144	10. IITLE NAME STREET / CITY-SI TITLE NAME	ADORESS 1- ZIP	witeri (ewisading)	Florida	e check pay Departmen CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR	RS/MANAGERS Delete DN PARK, STE 144	10. IITLE NAME STREET / CITY-SI TITLE NAME	ADORESS I- ZIP	witeri (ewisading)	Florida	e check pay Departmen CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR	RS/MANAGERS Delete DN PARK, STE 144	10. IIILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADORESS I- ZIP	witeri (ewisading)	Florida	e check pay Departmer CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK	RS/MANAGERS Delete DN PARK, STE 144 Delete	10. III'LE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME NAME	ADDRESS 1- ZIP ADDRESS 1- ZIP	witeri (ewisading)	Florida	e check pay Departmer CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR	RS/MANAGERS Delete DN PARK, STE 144 Delete	10. III'LE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME NAME	ADORESS 1- ZIP ADORESS 1- ZIP ADORESS ADORESS	witeri (ewisading)	Florida	e check pay Departmer CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	RS/MANAGERS Delete DN PARK, STE 144 Delete	10. IIILE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME STREET / STREET / STREET /	ADORESS 1- ZIP ADORESS 1- ZIP ADORESS ADORESS	witeri (ewisading)	Florida	check pay Departmer	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144	10. IIITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-SI IITLE NAME NAME	ADDRESS i- ZIP ADDRESS f- ZIP ADDRESS i- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144	10. IIITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-SI IITLE NAME NAME	ADORESS 1- ZIP ADORESS 1- ZIP ADORESS 1- ZIP ADORESS 1- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144	10. IIILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST IIILE NAME STREET / CITY-ST IIILE NAME STREET / TITLE NAME STREET / CITY-ST	ADORESS 1- ZIP ADORESS 1- ZIP ADORESS 1- ZIP ADORESS 1- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144 Delete DN PKWY, STE 144	10. IIILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST IIILE NAME STREET / CITY-ST IITLE NAME STREET / CITY-ST IITLE NAME STREET / CITY-ST	ADORESS i- ZIP ADORESS F- ZIP ADORESS I- ZIP ADORESS I- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144 Delete DN PKWY, STE 144	10. IIILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST IIILE NAME STREET / CITY-ST IITLE NAME STREET / CITY-ST IITLE NAME STREET / CITY-ST	ADDRESS i- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS	witeri (ewissating)	Florida	check pay Departmer	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144 Delete DN PKWY, STE 144	10. III'LE NAME STREET / CITY-ST TITLE NAME STREET / CITY	ADDRESS i- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS	witeri (ewisading)	Florida	check pay Departmer	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144 Delete Doublete Delete Delete	10. IIITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI IITLE NAME	ADDRESS i- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS f- ZIP ADDRESS f- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RAUENHORST, JOSEPH J 1300 SAWGRASS CORPORATION SUNRISE, FL 33323 MGR GREENFIELD, BARRY W 4200 WEST CYPRESS, SUITE 4 TAMPA, FL 33607 MGR LEVY, MARK 1300 SAWGRASS CORPORATION	Delete DN PARK, STE 144 Delete DN PKWY, STE 144 Delete Doublete Delete Delete	10. IIITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI IITLE NAME	ADORESS 1- ZIP ADORESS 1- ZIP	witeri (ewisading)	Florida	check pay Departmer	Change Change Change	Addition Addition Addition Addition

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floring 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 STANING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-877-4444