


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000002591 1. Entity Name OCEAN BREEZE, LLC |  |
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|---|---|
| Principal Place of Business 30 GARFIELD PLACE, SUITE 900 CINCINNATI, OH 45202 | Mailing Address 30 GARFIELD PLACE, SUITE 900 CINCINNATI, OH 45202 |
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04152008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 04-3768960 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 renewing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000823858
05/18/08-80041-002 143.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, DOUGLAS A 30 GARFIELD PLACE, SUITE 900 CINCINNATI, OH 45202 |
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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 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: Douglas A. Brown **DOUGLAS A. BROWN** APRIL 15, 2008 15134215450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #