

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90021 041 ****50.00

DOCUMENT # M05000005512

1. Entity Name
OCEAN SHORE PROPERTIES, LLC



Principal Place of Business

1547 GAYLORD STREET
DENVER, CO 80206

Mailing Address

1547 GAYLORD STREET
DENVER, CO 80206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 745130

Suite, Apt. #, etc.

City & State

ARVADA CO

Zip

80006

Country

USA

04142006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

68-0612828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, R. MICHAEL
444 SEABREEZE BOULEVARD, SUITE 1001
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name **ANTHONY PINIZZOTTO**

Street Address (P.O. Box Number is Not Acceptable)
LANDIS GRAHAM FRENCH

444 SEABREEZE BLVD, STE 1001

City **DAYTONA BEACH** FL **32118**

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

Anthony Pinizzotto

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WAGNER, ALEXANDRA K**
STREET ADDRESS **1547 GAYLORD STREET**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE **MGR** ☐ Delete
NAME **WAGNER, MICHAEL A**
STREET ADDRESS **12633 WEST 82ND LANE**
CITY-ST-ZIP **ARVADA, CO 80005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Alexandra K. Wagner

ALEXANDRA K. WAGNER

4/14/06 303/355-9333

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

Date

Daytime Phone #