## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000000555

Entity Name: ULTIMATE PALM BEACH OCEAN, LLC

3501 W VINE STREET, SUITE 225

KISSIMMEE, FL 34741

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	NE STREET, SUITE 225 E, FL 34741			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
3501 W VI KISSIMME	NE STREET, SUITE 225 E, FL 34741			
FEI Number	: FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
3501 W VI 225	AN, PHIL J NE STREET E, FL 34741 US			
	named entity submits this statement for the purple of Florida.	oose of changing its registere	ed office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete CASTLEROCK PARTNERS, LLC 3501 W VINE STREET, SUITE 225 KISSIMMEE, FL 34741	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete ULTIMATE RESORT DEST, INATION CLUB M A NAGEM 3501 W VINE STREET, SUITE 225 KISSIMMEE, FL 34741	Title: IEN Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete CALLAGHAN, PHIL 3501 W VINE STREET, SUITE 225 KISSIMMEE, FL 34741	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGR () Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: PHIL CALLAGHAN CFO 03/24/2009