


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90047 001 ***361.25

DOCUMENT # P94000024797	
1. Entity Name OCEAN REEF CLUB RENTAL PROPERTIES, INC.	

Principal Place of Business 35 OCEAN REEF DRIVE SUITE 200 EO KEY LARGO, FL 33037 US	Mailing Address 35 OCEAN REEF DRIVE SUITE 200 EO KEY LARGO, FL 33037 US
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66010908



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05022008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0481714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUBAN, KENNETH A 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASTBURY, PAUL M.G.			NAME			
STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, WILLIAM H			NAME			
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARDER, SUZANNE			NAME	Ruford D. Franklin, III		
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO			STREET ADDRESS	35 Ocean Reef Drive, # 200		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	Key Largo, FL 33037		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUBAN, KENNETH			NAME			
STREET ADDRESS	35 OCEAN REEF DR., STE 200 EO			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	Kenneth A. Luban, VS	5/6/08	305-367-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #