

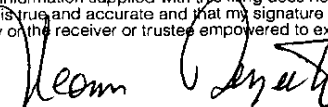


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90030 049 \*\*\*\*50.00

<b>DOCUMENT # L00000007686</b> 1. Entity Name <b>OCEAN GRANDE BEACH RESORT, L.C.</b>					
Principal Place of Business <b>18101 COLLINS AVE SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>18101 COLLINS AVE SUNNY ISLES BEACH, FL 33160</b>		
2. Principal Place of Business <b>18001 Collins Ave</b> Suite, Apt. #, etc. <b>31<sup>st</sup> Floor</b> City & State <b>Sunny Isles Beach, FL</b> Zip <b>33160</b>		3. Mailing Address <b>18001 Collins Ave</b> Suite, Apt. #, etc. <b>31<sup>st</sup> Floor</b> City & State <b>Sunny Isles Beach, FL</b> Zip <b>33160</b>			
4. FEI Number <b>65-1024648</b>		04012004 Chg-LLC CR2E083 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>FIELDSTONE, RONALD R 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZERTZOV, NEOMI 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>4/2/04 2129291205</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					