


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90035 029 ****50.00

DOCUMENT # L0100002415

1. Entity Name
ON THE WATERFRONT, LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address
 7930 TATUM WATERWAY DR. P.O. BOX 402194
 MIAMI BEACH, FL 33140-1929 MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #
10101 COLLINS AVE.
 Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
BAL HARBOUR, FL
 Zip Country
33154



04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
65-1077666 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, PETER
5101 COLLINS AVE., APT. #11-T
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
10101 COLLINS AVE., SUITE 100
 City **BAL HARBOUR** FL Zip Code **33154**

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 reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETER, COHEN 5101 COLLINS AVE APT 11T MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 10101 COLLINS AVE., SUITE 100 BAL HARBOUR, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **PETER COHEN** **0416-07** **305-498-9879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #