

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011194

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: OCEAN III 3402, LLC

**Current Principal Place of Business:**

335 SE OCEAN BLVD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

335 SE OCEAN BLVD  
STUART, FL 34994

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINKELBERG, CHRISTIAN R  
301 E OCEAN BLVD STE 130  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

FINKELBERG, CHRISTIAN R  
335 SE OCEAN BLVD  
STUART, FL 34994 US

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.

SIGNATURE: FINKELBERG CHRISTIAN R

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOTO, NILDA  
Address: 333 NO. OCEAN BLVD NO. 1102  
City-St-Zip: DEERFIELD BEACH, FL

Title: MGRM ( ) Delete  
Name: FINKELBERG, ROBERTO D  
Address: 333 NO. OCEAN BLVD NO. 1102  
City-St-Zip: DEERFIELD BEACH, FL

Title: MGR ( ) Delete  
Name: FINKELBERG, ROBERTO A  
Address: 16500 COLLINS AVE #1254  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR ( ) Delete  
Name: FINKELBERG, CHRISTIAN R  
Address: 253 SW HARBOR VIEW DR  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: AMERISO, MARIA J  
Address: LIBERTAD 80 PISO 13  
City-St-Zip: ROSARIO SANTA FE, ARGENTONA,

Title: MGR ( ) Delete  
Name: AMERISO, CECILIA  
Address: URQUIZA 1362 PISO 6 D  
City-St-Zip: ROSARIO SANTA FE, ARGENTONA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHRISTIAN R FINKELBERG

MGR

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date