

**2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

**L02000021638**

DOCUMENT # L02000021638

1. Entity Name  
OCEANFRONT PROPERTY MANAGEMENT, LLC



FILED

2004 OCT 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HL  
11/10/04

Principal Place of Business  
3700 S MEM BLVD  
BOCA RATON, FL 33486 US

Mailing Address  
2455 HIGHWAY 516  
OLD BRIDGE, NJ 08857 US

2. Principal Place of Business  
**REINSTATEMENT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGG H. GLICKSTEIN, P.A.  
54 SW BOCA RATON BOULEVARD  
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/21

DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME MGRM  
BOATEN, BEN  Delete  
STREET ADDRESS 3700 OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS 100042169651  
CITY-ST-ZIP 10/26/04--01004--004 - \*\*155.00  
 Change  Addition

TITLE  
NAME MGRD  
EWILCH, ANDREW  Delete  
STREET ADDRESS 3700 OCEAN BLVD  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT**  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/21/04

Date

Daytime Phone #