


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033798					
1. Entity Name 1405 OCEAN THREE, LLC					
Principal Place of Business 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160 US			Mailing Address 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0567068 <div style="float:right;">Applied For <input type="checkbox"/> Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ANGULO, PAOLA 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANGULO, PAOLA 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11100000320441 04/21/05-80033-001 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANGULO, MARCELO 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGULO, ENRIQUE 18911 COLLINS AVENUE UNIT 1405 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	

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

4/19/05 3059371338

Date

Daytime Phone #