

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045772

FILED
Aug 17, 2007
Secretary of State

Entity Name: 100 OCEAN DRIVE LAND, LLC

Current Principal Place of Business:

100 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1691 MICHIGAN AVENUE
320
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-2803880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKER, JAY P
1691 MICHIGAN AVENUE
320
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

JAY PHILLIP PARKER, P.A.
1691 MICHIGAN AVENUE
320
MIAMI BEACH, FL 33139 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: JAY PHILLIP PARKER

08/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GHAZVINI, KAMYAR
Address: 1067 SHERWOOD DRIVE
City-St-Zip: WHEELING, IL 60090

Title: MGRM () Delete
Name: KARBOWSKI, KRZYSTOF
Address: 1000 NORTH MILWAKEE AVENUE, SUITE 200
City-St-Zip: CHICAGO, IL 60662

ADDITIONS/CHANGES:

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 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: KRZYSTOF KARBOWSKI

MGRM

08/17/2007

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