

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095701

Entity Name: OCEANVIEW SEVEN LLC

FILED
Aug 07, 2007
Secretary of State

Current Principal Place of Business:

9400 SW 96TH STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9400 SW 96TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-5668206 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:

ZALKA, STEPHEN M
6437 NW 99TH AVE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARANDLARAN, MARLLYN C
Address: 9400 SW 96TH STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: COLLAZO, JESUS
Address: 9400 SW 96TH STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: WASERSTEIN, RICHARD
Address: 9400 SW 96TH STREET
City-St-Zip: MIAMI, FL 33176

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:

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: MARILYN BARANDIARAN

MGR

08/07/2007

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