

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 29, 2009  
Secretary of State**

DOCUMENT# L08000080525

Entity Name: 1200 N OCEAN, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

16165 S. W. 28TH COURT  
MIRAMAR, FL 33927-

**Current Mailing Address:**

**New Mailing Address:**

1208 N. OCEAN BLVD  
222  
POMPANO BEACH, FL 33062

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)  
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:**

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

LANTIGUA, SILVERO E  
16165 S. W. 28TH COURT  
MIRAMAR, FL 33927    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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Delete  
Name:                      LANTIGUA, SILVERO E  
Address:                      16165 S. W. 28TH COURT  
City-St-Zip:                      MIRAMAR, FL 33927

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: SILVERO LANTIGUA

MGRM

05/29/2009

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