


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90046 032 ****50.00

DOCUMENT # M05000005808

1. Entity Name
OCEAN DRIVE CFI LLC



Principal Place of Business Mailing Address
33 ARCH STREET, C/O THE CONGRESS GROUP, IN C. BOSTON, MA 02110 **33 ARCH STREET, C/O THE CONGRESS GROUP, IN C. BOSTON, MA 02110**

20027343



| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|---------|-----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 03272006 | Chg-LLC | CR2E083 (11/05) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number APPLIED FOR | | |
| City & State | | City & State | | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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.

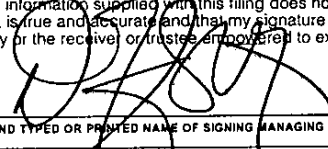
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|--|---------------------------------|--|-----------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CONGRESS FUND MANAGEMENT, LLC | | | NAME | | | |
| STREET ADDRESS | 33 ARCH STREET, C/O THE CONGRESS GROUP, IN | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOSTON, MA 02110 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/31/06** **617-897-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #