


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90376 004 ****50.00

| | |
|--|---|
| DOCUMENT # M05000005808 1. Entity Name OCEAN DRIVE CFI LLC |  |
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| Principal Place of Business 33 ARCH STREET C/O THE CONGRESS GROUP, INC. BOSTON, MA 02110 | Mailing Address 33 ARCH STREET C/O THE CONGRESS GROUP, INC. BOSTON, MA 02110 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04102007 Chg-LLC CR2E083 (12/06)

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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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| 4. FEI Number 562518160 APPLIED FOR | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
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| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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|---|--------------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | FL Zip Code |
|---|--------------------|

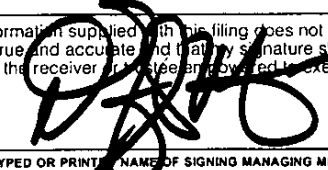
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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|---|--|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONGRESS FUND MANAGEMENT, LLC 33 ARCH STREET, C/O THE CONGRESS GROUP, IN BOSTON, MA 02110 <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 | <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 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/10/07** **617-897-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #