


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007686</b>		
1. Entity Name OCEAN GRANDE BEACH RESORT, L.C.		
Principal Place of Business 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	Mailing Address 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FIELDSTONE, RONALD R 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DEZERTZOV, NEOMI 18001 COLLINS AVE NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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: <u>L. Salmon</u> 4/28/06 212.929.1285 x240		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1024648

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000550589  
05/13/06-80065-013 50.00