




FILED
May 17, 2007 8:00 am
Secretary of State

04-23-2007 90377 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000001733			
1. Entity Name 1501 OCEAN DRIVE, LLC			
Principal Place of Business 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133		Mailing Address 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 1501 Collins Ave		3. Mailing Address	
Subs. Apt. #, etc. #401		Subs. Apt. #, etc.	
City & State Miami Beach, FL		City & State	
Zip 33139		Country USA	
4. FEI Number 20-4101787		Applied For Not Applicable	
5. Certificate of Status Destroyed <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURGMAN, HAIM 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 April 13, 07	
Filing Fee is \$60.00 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	MGRM TURGMAN, HAIM 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133 <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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: April 13, 07 (305) 672-2001	

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