2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/22/2003-90075-025-$50.00-$50.00

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033431

1. Entity Name

OCEAN PALMS LLC

Principal Place of Business	Mailing Address
2200 NORTH ATLANTIC BLVD FORT LAUDERDALE FL 33305 US	2200 NORTH ATLANTIC BLVD FORT LAUDERDALE FL 33305 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3800 South Ocean Drive	3800 South Ocean Drive
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33019 Country:	Zip: 33019 Country:

4. FEI Number 57-1141050 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRMAN, NEIL
2200 NORTH ATLANTIC BLVD
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Admin Member PIAZA Luxury Group INC 3800 South Ocean Drive #210 Hollywood, FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Avatar Ocean Palms, INC 201 Alhambra Circle 12th Floor Coral Gables FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/03)

OCEAN PALMS/INTERCONTPALMS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption ... 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: SIGNATURE REQUIRED Member 8/19/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #