

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002415

**FILED**  
**Mar 14, 2014**  
**Secretary of State**  
**CC7634766567**

**Entity Name:** ON THE WATERFRONT, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

10101 COLLINS AVE  
SUITE 10C  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

P.O. BOX 402194  
MIAMI BEACH, FL 33140

**FEI Number: 65-1077666**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN, PETER  
10101 COLLINS AVE SUITE 10C  
BAL HARBOUR, FL 33154 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	PETER, COHEN	Name	PETER, COHEN
Address	10101 COLLINS AVE STE 10C	Address	10101 COLLINS AVE.,10C
City-State-Zip:	BAL HARBOUR FL 33154	City-State-Zip:	BAL HARBOUR FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: COHEN, PETER**

**MGR**

**03/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date