


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000006391  
 1. Entity Name  
 SOUTH BEACH OCEAN PARCEL II, G.P., INC.



Principal Place of Business      Mailing Address  
 C/O CONTINUUM COMPANY, LLC      C/O CONTINUUM COMPANY, LLC  
 667 MADISON AVENUE              667 MADISON AVENUE  
 NEW YORK, NY 10021              NEW YORK, NY 10021

**DO NOT WRITE IN THIS SPACE**



01242008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 58-2584627      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000870137  
 04/09/08-80077-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EICHNER, BRUCE
STREET ADDRESS	667 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	D
NAME	EICHNER, STUART
STREET ADDRESS	667 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #