

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006391

FILED
Mar 04, 2009
Secretary of State

Entity Name: SOUTH BEACH OCEAN PARCEL II, G.P., INC.

Current Principal Place of Business:

C/O CONTINUUM COMPANY, LLC
667 MADISON AVENUE
NEW YORK, NY 10021

New Principal Place of Business:

C/O CONTINUUM COMPANY, LLC
590 MADISON AVENUE, 26TH FLOOR
NEW YORK, NY 10022

Current Mailing Address:

C/O CONTINUUM COMPANY, LLC
667 MADISON AVENUE
NEW YORK, NY 10021

New Mailing Address:

C/O CONTINUUM COMPANY, LLC
590 MADISON AVENUE, 26TH FLOOR
NEW YORK, NY 10022

FEI Number: 58-2584627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EICHNER, BRUCE
Address: 667 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: EICHNER, STUART
Address: 667 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EICHNER, BRUCE
Address: 590 MADISON AVENUE, 26TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D (X) Change () Addition
Name: EICHNER, STUART
Address: 590 MADISON AVENUE, 26TH FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN BRUCE EICHNER

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date