2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUS	INESS REPO	RT (UB	R)		APPROV AND	EL		
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SOUTH OCEAN EL BRAVO, LLC				01 APR 27 AM 11: 39				
SOUTH OCEAN EL BRAVO, LLC								
				T:	SECRETARY O	r STATE FLORIDA	¥	
Principal Place of Business	Mailing Address			*1	MELAHAUULE	in Elbidis	•	
426 SEASPRAY AVENUE	426 SEASPRAY AVENUE							
PALM BEACH FL 33480	PALM BEACH FL 33480							
2. Principal Place of Business 3. Mailing Address 1/07 17. 0/1/16 A/6.					 			
Suite, Apt. #, etc.		1/07 n. Oliye Ave. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
	<u> </u>							
City & State West Palm City & State		heach FL		FEI Number 67	5-100238	\ 	oplied For ot Applicable	
	10 PSC dix	Country				\$5.00 Add		
Zip 33 4 0 \ Country				Certificate of Statu		Fee Require		
6. Name and Address of Current	Registered Agent	Name	7.	Name and Addres	ss of New Registered	l Agent		
FURC MULISARA D			`					
ELIAS, WILLIAM D 426 SEASPRAY AVENUE PALM BEACH FL 33480		Street A	Street Address (P.O. Box Number is Not Acceptable)					
					· ·			
		City	City FL Zip Code					
8. The above named entity submits this statement for	r the nurnose of changing its	registered office o	r registered as	nent or both in the				
The above he had sharp sushing the determining	the purpose of changing ite	ogialoroa omoo o	, rogioloroa al	gorit, or both, in the	otato or viorida.			
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent signer	tura raquired when	reiDetating\	DATE			
Signature, typed of printed matter thresholder agent a	and the happinggie. (11512)	negistered Agent signer	ture required where	enstating/	DAIL			
	i i)W!!! FEE IS (-					
	Make Check Pay	able to Depart	iment of Sta	ste				
9. MANAGING MEMBERS/MEMBERS		10.			ODITIONS/CHANGE	S		
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NAME		NAME					}	
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11. I hereby certify that the information supplied with	this filing does not qualify for t		ted in Section	119.07(3)(i), Florid	a Statutes. I further ce	ertify that the in	formation	

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.

MANAGER, OR AUTHORIZED REPRESENTATIVE