2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 07, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # L00000004 OCEAN EL BRAVO, LLC	1190					07-07-20 14 840		8 020 ****	*50.00
Principal Place	e of Business	Mailing Address					110010	• •		
1107 N. OLIVE AVE. 1107 N. OLIVE AVE.					1					
	BEACH, FL 33401		WEST PALM BEACH, FL 33401							
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2. Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			07012004	Chg-LLC	CB2	E083 (10/03)	
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City & State	e j	City & State			i	4. FEI Numbe			Ar	oplied For
		<u></u>				65-100	2381		No	ot Applicable
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired	. 🗆	\$5.00 Add	
									Fee Require	d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
,				Name			•			
ELIAS, WILLIAM D 1 426 SEASPRAY AVENUE				Street Ad	Idress (F	O. Box Numbe	er is Not Accepta	hle)		
	ACH, FL 33480			000.7.0						
FALIVI DEF	40H, FL 33460									
	11 	•		City				F	L Zip Cod	l e
	named entity submits this statement f	or the purpose of changing its	registere	ed office or i	registere	ed agent, or bo	h, in the State of	Florida. I a	m familiar with,	and accept
vonger										
SIGNATURE.	<u>g</u>									
	Specifical transfer printed arms of registered agen-	t and title if englicable (MOT)	E: Registere	d Agent eignetur	e continue	when reinstation)		DAT		
	Signature, typed or printed name of registered agen	t and title if applicable. (NQTI	E: Registered	d Agent signatur	re required t	when reinstating)		DATE		
Fil Due t	Signature, typed or printed name of registered agen ling Fee is \$50.00 by September 8, 2004	t and title if applicable. (NOTi	E: Registered	d Agent signatur	re required v	when reinstating)		ake check	payable to	e
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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 pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #