

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007985

FILED
Aug 03, 2004
Secretary of State

Entity Name: FANTASY OF THE OCEAN, LLC

Current Principal Place of Business:

16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0949119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFER, LEWIS R ESQ
SHAFER & ASSOCIATES, P.A.
3299 N.W. BOCA RATON BLVD., SUITE 200
BOCA RATON, FL 33431 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: HENDERSON, ROBERT
Address: 14411 COMMERCE WAY, SUITE 320
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR () Delete
Name: SOLTANIK, ENRIQUE
Address: 16375 NE 18TH AVE. #201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: DEPALMA, MIGUEL
Address: 16375 NE 18TH AVE. #201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: PILATTI, LUIS
Address: 16375 NE 18TH AVE. #201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUIS PILATTI

MGRM

08/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date