


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90032 030 ****50.00

DOCUMENT # L00000011218	
1. Entity Name RESIDENCES AT OCEAN GRANDE, L.C.	

Principal Place of Business 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	Mailing Address 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business 18001 Collins Avenue Suite, Apt. #, etc. 31 st Floor City & State Sunny Isles Beach, FL Zip 33160 Country U.S.A.	3. Mailing Address 18001 Collins Avenue Suite, Apt. #, etc. 31 st Floor City & State Sunny Isles Beach, FL Zip 33160 Country USA
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03312004	Chg-LLC
CR2E083 (10/03)	
4. FEI Number 30-0078120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 2001 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

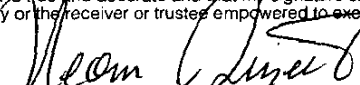
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZERTZOV, NEOMI 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	4/7/04	22 929 1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #