



FILED

Mar 24, 2004 8:00 am  
Secretary of State

03-24-2004 90299 017 \*\*\*150.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000014274					
1. Entity Name SOUTH OCEAN BOULEVARD, L.L.C.					
Principal Place of Business 1100 LINTON BLVD., STE. C-4 DELRAY BEACH, FL 33444			Mailing Address 1100 LINTON BLVD., STE. C-4 DELRAY BEACH, FL 33444		
2. Principal Place of Business <i>1001 E. Atlantic Ave</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Delray Beach, FL</i> Zip <i>33483</i> Country <i>US</i>		3. Mailing Address <i>1001 E. Atlantic Ave</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Delray Beach, FL</i> Zip <i>33483</i> Country <i>US</i>			
01222004 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>04-3666833</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MICHAEL P 10 NO. OCEAN BOULEVARD DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1001 E. Atlantic Ave</i> <i>Delray Beach, FL 33483</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MARK T 10 NO. OCEAN BOULEVARD DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1001 E. Atlantic Ave</i> <i>Delray Beach, FL 33483</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Michael Walsh</i> <i>Michael Walsh</i> <i>2/25/04</i> <i>(561) 279-9900</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					