

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014386

1. Entity Name
SOUTH BEACH OCEAN PARCEL, LLC



Principal Place of Business
**100 SOUTH POINTE DRIVE
MIAMI BEACH, FL 33139**

Mailing Address
**100 SOUTH POINTE DRIVE
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



07082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1057198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAGUE, BRIAN P
% TEW CARDENAS, ET AL.
201 SOUTH BISCAYNE BOULEVARD, 26TH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
EICHNER, IAN B
100 SOUTH POINTE DRIVE
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1000000167257
07/19/04-80017-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: _____

IAN BRUCE EICHNER

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

Date

Daytime Phone #