

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

6-1060-00

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**POSTED**

**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**



03052007 No Chg-LLC

CR2E083 (11/05)

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 May 1, 2007**

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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U00000672820  
03/29/07-80004-013 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #