## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L00000014386

1. Entity Name

SOUTH BEACH OCEAN PARCEL, LLC



Principal Place of Business

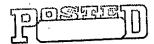
100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139

SIGNATURE:

Mailing Address

100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139

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





03052007 No Chg-LLC

CR2E083 (11/05)

Daylime Phone #

Date

4. FEI Number	Applied For
_ 65-1057198	 Not Applicabl
5. Certificate of Status Desired	5.00 Additional se 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

<ol> <li>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.</li> </ol>			
SIGNATURE.	Signature: typed or punted name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	OATE
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			U00000672820 03/29/07-80004-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		20	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	111		
11. I hereby certify that the information supplied with this flips does not ovalify 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 this signature shall have the same legal effect as if made under path; that I am a managing member or manager of the			