


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014387 1. Entity Name SOUTH BEACH OCEAN PARCEL II, LLC	
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Principal Place of Business 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139	Mailing Address 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1057196	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 TAGUE, BRIAN P % TEW CARDENAS, ET AL. 201 SOUTH BISCAYNE BOULEVARD, 26TH FLOOR MIAMI, FL 33131
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000167390
07/20/04-20002-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EICHNER, IAN B 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139
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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____