# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000014387**

**1.** Entity Name
SOUTH BEACH OCEAN PARCEL II, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 200 SOUTH POINTE DR<br>MIAMI BEACH, FL 33139 | 200 SOUTH POINTE DR<br>MIAMI BEACH, FL 33139 |

## DO NOT WRITE IN THIS SPACE

UUU1UU4J

01242008 No Chg-LLC          CR2E083 (12/07)

| **4.** FEI Number | Applied For |
|---|---|
| 65-1057196 | Not Applicable |

**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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**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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**9.** MANAGING MEMBERS/MANAGERS

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

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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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 #