2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

100 SOUTH POINTE DRIVE

MIAMI BEACH FL 33139

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # L0000014387

Country

1. Entity Name

Principal Place of Business

2. Principal Place of Business

TAGUE, BRIAN P

MIAMI FL 33131

% TEW CARDENAS, ET AL.

100 SOUTH POINTE DRIVE

Suite, Apt. #, etc.

City & State

Zip

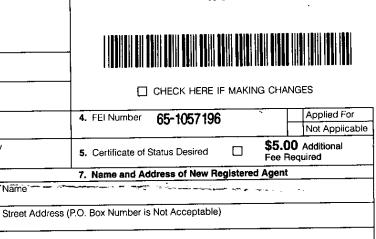
MIAMI BEACH FL 33139

SOUTH BEACH OCEAN PARCEL II, LLC



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90035 045 ****50.00



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.

City

Country

Signature, typed or printed name of registered agent and title if applicable.

201 SOUTH BISCAYNE BOULEVARD, 26TH FLOOR

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EICHNER, IAN B 100 SOUTH POINTE DRIVE MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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11. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #