2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000014389

SOUTH BEACH OCEAN PARCEL HOLDINGS II, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business

200 SOUTH POINTE DR MIAMI BEACH, FL 33139

SIGNATURE:

Mailing Address

200 SOUTH POINTE DR MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

| 01192007 No Chg-LLC | CR2E083 (11/05) | | |
|----------------------------------|-----------------|-------------------|--|
| 4. FEI Number | | Applied For | |
| 65-1057194 | | Not Applicable | |
| 5. Certificate of Status Desired | | \$5.00 Additional | |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

| the obligati | named entity submits this statement for the purpose of changions of registered agent. | ing its registered office or registered agent, or bo | th, in the State of Florida. 1 am familiar with, and accept |
|--|--|--|---|
| SIGNATURE_ | Signature, typed or printed name of registered agent and little if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SOUTH BEACH OCEAN PARCEL II, LLC 100 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 000000632928 02/21/07-80041-019 50.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 11. I hereby indicated limited lia | certify that the information supplied with this fling does not que on this report is true and accurate and that my signature shability company or the receiver or trustee arms wered to execute the company of the receiver or trustee arms wered to execute the company of the receiver or trustee arms were done to execute the company of the | ualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under outer that the contained in the contained by Chapter 608. Florid | Florida Statutes. I further certify that the information path; that I am a managing member or manager of the da Statutes. |

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE