

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011191

1. Entity Name
OCEAN III 3403, LLC



Principal Place of Business
**301 E OCEAN BLVD STE 130
STUART, FL 34994**

Mailing Address
**301 E OCEAN BLVD STE 130
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, STEPHEN V
1500 N FEDERAL HWY, STE 200
FORT LAUDERDALE, FL 33304**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000053883
02/16/04-80153-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOTO, NILDA
333 NO. OCEAN BLVD., NO 1102
DEERFIELD BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINKELBERG, ROBERTO D
333 NO. OCEAN BLVD., NO 1102
DEERFIELD BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FINKELBERG, ROBERTO A
200 LESLIE DR #504
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FINKELBERG, CHRISTIAN R
20005 NE 6TH COURT CIRCLE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #

2/13/04 (772) 286-9990