


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT #</b> L01000011194	
<b>1. Entity Name</b> OCEAN III 3402, LLC	

<b>Principal Place of Business</b> 301 E OCEAN BLVD STE 130 STUART, FL 34994	<b>Mailing Address</b> 301 E OCEAN BLVD STE 130 STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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

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

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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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


U000000053995

02/16/04-80153-023 \$0.00

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOTO, NILDA 333 NO. OCEAN BLVD NO. 1102 DEERFIELD BEACH, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINKELBERG, ROBERTO D 333 NO. OCEAN BLVD NO. 1102 DEERFIELD BEACH, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR FINKELBERG, ROBERTO A 200 LESLIE DR #504 HALLANDALE, FL 33009
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR FINKELBERG, CHRISTIAN R 20005 NE 6TH COURT CIRCLE MIAMI, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR AMERISO, MARIA J LIBERTAD 80 PISO 13 ROSARIO SANTA FE, ARGENTONA,
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR AMERISO, CECILIA URQUIZA 1362 PISO 6 D ROSARIO SANTA FE, ARGENTONA,

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**11.** I hereby certify that the information supplied with this 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 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 60B, Florida Statutes.

**SIGNATURE:**  **2/13/04** **(772) 286-9990**

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

Date Daytime Phone #