Amualed LIMITED LIABILITY COMPANY

LIMITED LIABILITY COMPANY
""'UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # LO 000018121				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
OCEAN DRIVE ACCESSORIES, LLC				07 OCT 25 PM 4: 14	
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	DO NOT WRITE	IN THIS SP	<b>ACE</b>		
2. Principal Place of Business 3. Mailing Address				20011164 11/02/0701037	11812
992 WEST 15TH STREET					
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State RIVIERA BEACH, FL		City & State		4. FEI Number 03-0413716	Applied For Not Applicable
Zip <b>33404</b>	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			Name	Name and Address of Current	
LEE D. GOLDSTEIN					
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable) 3120 SOUTH OCEAN BLVD					
	: IN THIS SPA	ICE . "			
	erritario de la companya de la comp La companya de la co		City PALM BEACH		Zip Code 33480
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.  DATE					
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9.	MANAGING MEMBERS/N	MANAGERS	1.44104		
TITLE NAME	MANAGING MEMBER LEE D. GOLDSTEIN				
STREET ADDRESS	3120 SOUTH OCEAN BL' PALM BEACH, FL 33480	VD	STREET ADDRESS		
TITLE	PALIN BEACH, 1 E 33460		Time 1		
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CITY-ST-ZIP		·	CITY-ST-ZIP.		
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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 608, Florida Statutes.					
SIGNATU	RE: Leo. X	U MH	Her mou	eggy Henker 16/1	5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNBHO MANAGENO MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					