LIMITED LIABILITY COMPANY

FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90257 050 ****50.00

ONIFORNI BUSINESS REPURT (UBR)					
DOCUMENT # 1. Entity Name	L0100.0022134				
Ocean Grand	e 2909, LLC				

 Entity Na 							
	Ocean Grande 290	09, LLC		1			
	DO NOT WRIT	E IN THIS	SPACE	∂ V (4 O O A		
	Place of Business	3. Mailing Address					
1785 Suite, Ap	N.W. 38 Ave	1785 N.W.	38 AVe				
Suite, Ap	i. #, eic.	Suite, Apt. #, etc.		DO NOT WR	ITE IN THIS S	PACE	
	lerhill, FL	City & State Lauderhill	l, FL	4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For Not Applicab
^z ig 3331		^{Zip} 33311	Country	5. Certificate of Status Desired	F	5.00 A ee Requi	dditional ired
page 1991	patricing to some self or produced the self of	ing on Oborbasing against a princip	Name	7. Name and Address of Curren	t Registered	Agent	
	DO NOT V	NRITE	alikating B	Beki Franco			
	IN THIS S		City	s (P.O. Box Number is Not Acceptab 785 N.W. 38 Ave		Zin Co	ode .
40 Mg 2 10 10 10 10 10 10 10 10 10 10 10 10 10				Lauderhill tered agent, or both, in the State of Fl	<u> </u>	Zig 59	311
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable.	iniculoulmod (* 2000) Autopassyj jalektion		DATE		
	Signature, typed or printed name of registered a	Make Check	FEE IS \$50.00 Payable to Department DUE BY MAY 1	of State	DATE		
9.	Signature, typed or printed name of registered as MANAGING MEN		Payable to Department	of State	DATE	e 1	
9.	Signature, typed or printed name of registered as MANAGING MEN	Make Check	Payable to Department DUE BY MAY 1	of State	DATE	Section 1	F F
9.	Signature, typed or printed name of registered as MANAGING MEM D Eli Mordehay	Make Check	Payable to Department	of State	OATE CONTRACTOR OF THE CONTRAC	State	P. C.
9. TITLE NAME	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 TILE NAME.	of State	DATE		
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as MANAGING MEM D Eli Mordehay	Make Check	Payable to Department DUE BY MAY 1 IIILE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS	of State	OATE OATE	We will be a second of the sec	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	of State	DATE		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 IIILE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS	of State	DATE		2 2 2 0 0 to
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE				200
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY ST, ZIP TITLE NAME STREET ADDRESS CITY ST, ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		WRIT		
9. III'LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP,	DO NOT	WRIT		200 0 0
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave	Make Check	Payable to Department DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave Lauderhill. FL 3	Make Check	Payable to Department DUE BY MAY 1 ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DO NOT	WRIT		200
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	MANAGING MEN D Eli Mordehay 1785 N.W. 38 Ave Lauderhill, FL 3	Make Check	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP, TITLE NAME STREET ADDRESS CITY ST ZIP, TITLE NAME STREET ADDRESS	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave Lauderhill. FL 3	Make Check	Payable to Department DUE BY MAY 1 IIILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP, TITLE NAME	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave Lauderhill. FL 3	Make Check	Payable to Department DUE BY MAY 1 IIILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME	DO NOT	WRIT		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	MANAGING MEM D Eli Mordehay 1785 N.W. 38 Ave Lauderhill. FL 3	Make Check	Payable to Department DUE BY MAY 1 IIILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP, TITLE NAME	DO NOT	WRIT		

limited liability company or the eceive or trustale empowered to execute this report as required by Chapter 608, Florida Statutes.

Eli Mordehay

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(954) 485-6000

Daytime Phone #