

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 040 ****50.00

DOCUMENT # L02000000821

1. Entity Name
OCEANFRONT, LLC



Principal Place of Business
**46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 33130-1610**

Mailing Address
**46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 33130-1610**

MIAMI, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0675562

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHBINDER, HARRIS
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 33130-1610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POSNER, STEVEN TRUSTEE
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 331301610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10800 Biscayne Boulevard, Suite 350
Miami, FL 33161** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POSNER, STUART TRUSTEE
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI, FL 331301610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10800 Biscayne Boulevard, Suite 350
Miami, FL 33161** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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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.

SIGNATURE:

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

Steven Posner

1/8/04

305-893-1110

Date

Daytime Phone #