2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L02000014084

Entity Name: ENCLAVE INTER-OCEAN, L.L.C.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
3000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
3000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 04-3694158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELAND & RUSSIN, P.A.
200 SOUTH BISCAYNE BLVD.
3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
200 SOUTH BISCAYNE BLVD.
3000
MIAMI, FL 33131 US

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.

SIGNATURE: MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 04/18/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GOLOSTEIN, LEROY
Address: 200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOLDSTEIN, LEROY
Address: 200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Change (X) Addition
Name: MELAND, MARK S
Address: 200 SOUTH BISCAYNE BOULEVARD, #3000
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK MELAND MGR 04/18/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date