2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014084

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

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD. 3000 MIAMI, FL 33131	200 SOUTH BISCAYNE BLVD. 3000 MIAMI, FL 33131

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02282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3694158
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

H06000047935
04/08/06-80045-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDSTEIN, LEROY
STREET ADDRESS	200 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	MELAND, MARK S
STREET ADDRESS	200 SOUTH BISCAYNE BOULEVARD, #3000
CITY-ST-ZIP	MIAMI, FL 33131
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	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ MARK MELAND 3/17/06 (305)358-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #