

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/2/2007-90441-041-\$50.00-\$50.00

DOCUMENT # L02000014644  
 1. Entity Name  
 2600 MARINE, LLC  
*OT Group, LLC* *NIC filed 1/23/07 - but*



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 APR 27 PM 12:10

Principal Place of Business  
 2600 ISLAND BLVD., #2906  
 AVENTURA, FL 33160

Mailing Address  
 2600 ISLAND BLVD., #2906  
 AVENTURA, FL 33160



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 35-2171289

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEWIS, ANDREW  
 4000 HOLLYWOOD BLVD.  
 SUITES #265 SOUTH  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
 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 of applicant (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2007

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWINGER, NATHAN 2600 ISLAND BLVD. #2906 AVENTURA, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>Sara Tobi Lewinger</i> <i>2600 Island Blvd #2906</i> <i>Aventura FL 33160</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nathan Lewinger* *3/15/07* *3059353096*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #