

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015805
 1. Entity Name
OCEAN TOWER ONE 1107,LLC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 141 Crandon Blvd.		3. Mailing Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. Apto. 243		Suite, Apt. #, etc. Suite 240	
City & State Key Biscayne, Fl.		City & State Coral Gables, Fl.	
Zip 33149	Country	Zip 33134	Country

44001593

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
		7. Name and Address of Current Registered Agent			
		Name Gabriel Prats			
		Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite 240			
		City Coral Gables, Florida	FL	Zip Code 33134	

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 *Gabriel Prats* DATE _____

FEES: \$50.00
 Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leonardo Velez Chaverra 141 Crandon Blvd. Apto. 243 Key Biscayne, Florida 33149	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 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: *Leonardo Velez Chaverra* Date 305-444-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083B (12/02)