2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025003

1. Entity Name

EMPIRE OCEAN RESIDENCE REALTY, LLC



FILED May 27, 2008 08:00 AN Secretary of State

Principal Place of Business

429 LENOX AVE.

MIAMI BEACH, FL 33139

Mailing Address

429 LENOX AVE.

MIAMI BEACH, FL 33139



05132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For		
68-0564554			Not Applicable		
5. Certificate of Status Desired		\$5.00 Additional			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 DO NOT WRITE

CORAL GA	ABLES, FL 33134		IN 7	THIS SPACE	Silver on the second of the se		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature rec		ed Agent signature required when reinstating)	stating) DATE				
	E NOW!!! FEE IS \$138.75 b by September 12, 2008	In accordance with s. 607.1 liability company did not rec	193(2)(b), F.S., the limited ceive the prior notice.	U00000952452 06/04/08-80080-	005 138.75		
9.	MANAGING MEMBERS	S/MANAGERS			and the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, LEON 429 LENOX AVENUE MIAMI BEACH, FL 33139						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The state of the s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO.	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			自己的 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	in the state of th			
TITLE NAME							

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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