



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90037 001 ****50.00

DOCUMENT # L02000026051 1. Entity Name 2002 OCEAN TWO, LLC					
Principal Place of Business 19115 COLLINS AVENUE #2002 SUNNY ISLES BEACH, FL 33160 US				Mailing Address 19115 COLLINS AVENUE #2002 SUNNY ISLES BEACH, FL 33160 US	
2. Principal Place of Business 2450 NE MIA Gardens Dr Suite, Apt. #, etc. 2nd Floor City & State Miami, FL Zip 33180 Country USA		3. Mailing Address 1835 NE Miami Gardens Dr Suite, Apt. #, etc. #221 City & State No. Mia. Beach, FL Zip 33179 Country USA			
04152005 Chg-LLC CR2E083 (10/03)				4. FEI Number APPLIED FOR 74-3064153	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A ESQ. 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELL, ISOLDA 19115 COLLINS AVENUE, #2002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSER, DANIEL 19115 COLLINS AVENUE, #2002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSER, DANIEL 19115 COLLINS AVENUE, #2002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSER, DANIEL 19115 COLLINS AVENUE, #2002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSER, DANIEL 19115 COLLINS AVENUE, #2002 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
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: <u>Isolda Morell</u> 4/15/06.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					