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

DOCUMENT # L02000031784

1. Entity Name

2655 N. OCEAN PROPERTIES, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	OO NOT WRITE		PAC	E		-
2. Principal Pla		3. Mailing Address 2655 N. Ocean Dr.				
Suite, Apt. #	. Ocean Dr.	Suite, Apt. #, etc.				TE INITIALS SDACE
Suite &		Suite 500			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	Applied For
Singer Island, FL		Singer Island			Not Applicable	
Zip 33404	Country USA	33404	Coun	۵۵	5. Certificate of Status Desired	\$5.00 Additional Fee Required
				Name C.	7. Name and Address of Current	Registered Agent
	DO NOT W	DITE			un L Robbins, Esq.	
		Stree Address (F.O. Box Number is Not Accogniable) U.S. HWY One Stuffe 309		
IN THIS SPACE					as may one sur	te 509
				City north 1	Palm Beach	FL ZipSode 1
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.						
CICNATURE 30/03						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE						
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMBE	RS/MANAGERS	Shire Shire			
TITLE	DP Wiita, Brian		វាវេធ	NEW COLORS (INC.)	· · · · · · · · · · · · · · · · · · ·	n -4 -4 -4 5-7 s
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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: 4/29/03 561-844-7700						
SIGNATURE AND VPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						