

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/22/2003-90075-025-\$50.00-\$50.00

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FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033431	
1. Entity Name OCEAN PALMS LLC	

Principal Place of Business 2200 NORTH ATLANTIC BLVD FORT LAUDERDALE FL 33305 US	Mailing Address 2200 NORTH ATLANTIC BLVD FORT LAUDERDALE FL 33305 US
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2. Principal Place of Business 3800 South Ocean Drive	3. Mailing Address 3800 South Ocean Drive
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210

City & State Hollywood FL	City & State Hollywood FL
Zip 33019	Zip 33019
Country	Country

4. FEL Number 57-1141050	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FAIRMAN, NEIL 2200 NORTH ATLANTIC BLVD FORT LAUDERDALE FL 33305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Admin Member PLAZA Luxury Group INC 3800 South Ocean Drive #210 Hollywood, FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Avatar Ocean Palms, INC 201 Alhambra Circle 12th Floor Coral Gables FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 608, 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 by me as a 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: **STANLEY REQUIREM member** 8/19/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR02083 (4/03)