2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # L02000033488 OCEAN DRIVE CHILIAN, LLC Mailing Address Principal Place of Business 477 S. ROSEMARY AVE., #209 WEST PALM BEACH FL 33401 477 S. ROSEMARY AVE., #209 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 57-1142702 Not Applicat Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SOLO, ANTHONY P 477 S. ROSEMARY AVE., #209 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 City Zip Code 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 access the obligations of registered agent. bignisture, typed or pratted manie of registered agent and title it applicable (NOTE: Registered Agent significate (equired when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Ad. 71112 MGR ☐ Delete TITLE ☐ Change NAME NAME SOLO, ANTHONY P STREET ADDRESS STREET ADDRESS 477 S. ROSEMARY AVE., #209 U000000526187 CHY-SI-78 CITY-ST-ZIP WEST PALM BEACH FL 33401 05/04/06-80064-008-50-00 ☐ Defete 1171 E □ AC Tille NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP □ Add Change Deleie TOTALE THILE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-28P Delete ☐ Change ☐ Add TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mnt Defete ITRE ☐ Change ■ Adv. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Citange □ Add TITLE THEE NAME NAM STREET ADDRESS STREET AUDRESS CHTY-ST-ZIP CITY-ST-ZIP 11. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

GNTHONY P. SOLU

SIGNATURE:

FILED

4/27/6