2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000033488

1. Entity Name

OCEÁN DRIVE CHILIAN, LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

477 S. ROSEMARY AVE., #209 WEST PALM BEACH, FL 33401

Mailing Address

477 S. ROSEMARY AVE., #209 WEST PALM BEACH, FL 33401



02112008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number		Applied For	-
57-1142702		Not Applicab	l
5. Certificate of Status Desired	П	\$5.00 Additional	

6. Name and Address of Current Registered Agent

SOLO, ANTHONY P 477 S. ROSEMARY AVE., #209 WEST PALM BEACH, FL 33401

the obligations of registered agent.

DO NOT WRITE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
FILI After Ma	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	Proceeding the complete source of the	the state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLO, ANTHONY P 477 S. ROSEMARY AVE., #209 WEST PALM BEACH, FL 33401	02/21	0000827693 708-80100-019 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SPACE
TITLE NAME STREET ADDRESS			

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

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.



CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2/12/08

Daytime Phone #