

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033880

FILED
Sep 13, 2006
Secretary of State

Entity Name: OCEANVIEW SECURITIES L.L.C.

Current Principal Place of Business:

P.O. BOX 811119
BOCA RATON, FL 33481

New Principal Place of Business:

7284 W. PALMETTO PARK RD
300
BOCA RATON, FL 33433

Current Mailing Address:

P.O. BOX 811119
BOCA RATON, FL 33481

New Mailing Address:

595 S. FEDERAL HIGHWAY
600
BOCA RATON, FL 33487

FEI Number: 22-3888045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIIS, ANDREW
P.O. BOX 811119
BOCA RATON, FL 33481 US

Name and Address of New Registered Agent:

FRIIS, ANDREW
595 S. FEDERAL HIGHWAY
600
BOCA RATON, FL 33487 US

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.

SIGNATURE: ANDREW FRIIS

09/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIIS, ANDREW
Address: 801 NE 71 ST
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGM () Change (X) Addition
Name: SCHONFELD CAPITOL GR, OUP LLC
Address: 1 JERICO PLAZA 3RHD FLOOR
City-St-Zip: JERICO, NY 11753

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW FRIIS

MGM

09/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date