

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 038 ***138.75

DOCUMENT # L02000034949

1. Entity Name
OCEANSIDE ACQUISITIONS, LLC



Principal Place of Business
**501 CONTINENTAL PLAZA, 3250 MARY ST
COCONUT GROVE, FL 33133**

Mailing Address
**501 CONTINENTAL PLAZA, 3250 MARY ST
COCONUT GROVE, FL 33133**

60037632



2. Principal Place of Business - No P.O. Box #

3250 Mary St

Suite, Apt. #, etc.

Suite 402

City & State

Coconut Grove, FL

Zip
33133

Country

3. Mailing Address

3250 Mary St.

Suite, Apt. #, etc.

Suite 402

City & State

Coconut Grove, FL

Zip
33133

Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number

05-0548114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSENHEIMER, JAMES D PA
3250 MARY ST.
STE 307
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name
Michael Goldberg
Street Address (P.O. Box Number is Not Acceptable)
3250 Mary St
Suite 402
City
Coconut Grove **FL** Zip Code
33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BERMAN, DANA
501 CONTINENTAL PLAZA, 3250 MARY ST
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NOVAK, KEITH
501 CONTINENTAL PLAZA, 3250 MARY ST
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Michael Goldberg (Receiver)
3250 Mary St. Suite 402
Coconut Grove, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

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

4/30/08
Date

Daytime Phone #