


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90311 021 \*\*\*138.75

<b>DOCUMENT # L03000000058</b>		
1. Entity Name 2115 NORTH OCEAN BOULEVARD, LLC		

Principal Place of Business 2400 E. LAS OLAS BOULEVARD STE. A FORT LAUDERDALE, FL 33301 US	Mailing Address 2400 E. LAS OLAS BOULEVARD STE. A FORT LAUDERDALE, FL 33301 US
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2. Principal Place of Business - No P.O. Box # <b>2438 E. LAS OLAS BLVD</b>	3. Mailing Address <b>2438 E. LAS OLAS BLVD</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
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Zip <b>33301</b>	Country	Zip <b>33301</b>	Country
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04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>01-0760206</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent  OLIVE, BENJAMIN E 2400 E. LAS OLAS BOULEVARD STE. A FORT LAUDERDALE, FL 33301
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7. Name and Address of New Registered Agent	
Name <b>OLIVE, BENJAMIN E</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2438 E. LAS OLAS BLVD</b>	
City <b>FORT LAUDERDALE</b>	FL Zip Code <b>33301</b>

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 \_\_\_\_\_ DATE **4/17/08**  
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVE, BENJAMIN E 2400 E. LAS OLAS BOULEVARD, STE. A FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVE, BENJAMIN E 2438 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ DATE **4/17/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE