


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L0300000058**

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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60023041



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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04172008 Chg-LLC CR2E083 (12/06)

City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
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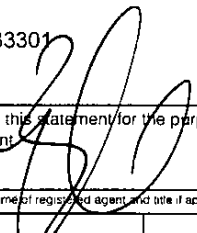
4. FEI Number 01-0760206	Applied For Not Applicable
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Zip <b>33301</b>	Country	Zip <b>33301</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required.
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6. Name and Address of Current Registered Agent

OLIVE, BENJAMIN E  
 2400 E. LAS OLAS BOULEVARD  
 STE. A  
 FORT LAUDERDALE, FL 33301



7. Name and Address of New Registered Agent

Name **OLIVE, BENJAMIN E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2438 E. LAS OLAS BLVD**  
 City **FORT LAUDERDALE FL** Zip Code **33301**

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)

**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	MGRM OLIVE, BENJAMIN E <input type="checkbox"/> Delete 2400 E. LAS OLAS BOULEVARD, STE. A FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVE, BENJAMIN E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2438 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301
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"/> Change <input type="checkbox"/> Addition
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"/> 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