

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90058 004 ****50.00

DOCUMENT # L03000001020

1. Entity Name
OCEAN PARK ESTATES, LLC



Principal Place of Business
**33 NE 22ND STREET, SUITE 101
FORT LAUDERDALE, FL 33301**

Mailing Address
**33 NE 22ND STREET, SUITE 101
FORT LAUDERDALE, FL 33301**



2. Principal Place of Business
1937 E Atlantic Blvd.

3. Mailing Address
1937 E Atlantic Blvd.

Suite, Apt. #, etc.

#12

Suite, Apt. #, etc.

#12

04272004 Chg-LLC CR2E083 (10/03)

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

32-0053309

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER ROSEN, EVE
33 NE 22ND STREET, SUITE 101
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **Beeson, Jr., James M.**

Street Address (P.O. Box Number is Not Acceptable)

1937 E Atlantic Blvd. Ste. 12

City **Pompano Beach**

FL

Zip Code **33060**

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)

26 Apr 04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

James M Beeson, Jr.

Manager

James M Beeson, Jr.

26 Apr 04 954 946-4007

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

Date

Daytime Phone #