

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001020

1. Entity Name  
OCEAN PARK ESTATES, LLC



Principal Place of Business

1937 E. ATLANTIC BLVD.  
#12  
POMPANO BEACH, FL 33060 US

Mailing Address

1937 E. ATLANTIC BLVD.  
#12  
POMPANO BEACH, FL 33060 US



04062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0053309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEESON, JR., JAMES M  
1937 E. ATLANTIC BLVD.  
SUITE 12  
POMPANO BEACH, FL 33060

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U000000346558  
04/30/05-80080-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BEESON, JR., JAMES M  
STREET ADDRESS 1937 E. ATLANTIC BLVD., SUITE 12  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE MGRM  
NAME LEWIN, ISRAEL  
STREET ADDRESS 2800 ISLAND BLVD., APT. 1405  
CITY-ST-ZIP AVENTURA, FL 33160

TITLE MGRM  
NAME KOLOWITZ, JOE  
STREET ADDRESS 19955 NE 38TH COURT, APT. 2601  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #