## 2006 LIMITED LIABILITY COMPANA ANNUAL REPORT (AR)

## Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # L03000001020 1. Entity Name 03-22-2006 90291 040 \*\*\*\*50.00 OCEAN PARK ESTATES, LLC Principal Place of Business Mailing Address 1937 E. ATLANTIC BLVD. 1937 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 US 2. Principal Place of Business 3. Mailing Address Suite A CHANGE of Place of Business & Mailing Address. 1st MOORE CR2E083 (10/05) 2101 N Andrews Ave, Suite 107 Applied For City & S Wilton Manors, FL 33311 4. FEI Number 32-0053309 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEESON, JR., JAMES M Street Address (P.O. Box Number is Not Acceptable) 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change TITLE MGR ☐ Delete TITLE ■ Addition 2101 N Andrews Ave, Suite 107 NAME BEESON, JR, JAMES M NAME Wilton Manors, FL 33311 STREET ADDRESS STREET ADDRESS 1937 E. ATLANTIC BLVD., SUITE 12 CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change MGRM □ Addition NAME NAME LEWIN, ISRAEL STREET ADDRESS STREET ADDRESS 2800 ISLAND BLVD., APT. 1405 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33160 TITLE Delete TITLE Change ☐ Addition NAME KOLOWITZ, JOE NAME STREET ADDRESS STREET ADDRESS 19955 NE 38TH COURT, APT. 2601 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DD F ☐ Change Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 impowered to execute this preport as required by Chapter 608, Florida Statutes.

FILED