

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 046 ****50.00

DOCUMENT # L03000006758

1. Entity Name
OCEAN PALMS REALTY GROUP, LLC



Principal Place of Business
3101 SOUTH OCEAN DRIVE
HOLLYWOOD, FL 33019 US

Mailing Address
2200 NORTH ATLANTIC BLVD
FORT LAUDERDALE, FL 33305 FL

2. Principal Place of Business
3100 S. Ocean Dr
None

3. Mailing Address
3800 S Ocean Dr
210

City & State
Hollywood, Fl.
Zip 33019 Country USA

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Hollywood Fl.
Zip 33019 Country USA

02032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1580149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OCEAN PALMS LLC
2200 NORTH ATLANTIC BLVD
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable)
3800 S Ocean Drive
Suite 210
City Hollywood, FL Zip Code 33019

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME OCEAN PALMS LLC
STREET ADDRESS 2200 NORTH ATLANTIC BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 3800 S Ocean Dr. Ste 210
CITY-ST-ZIP Hollywood Fl - 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 60B, Florida Statutes.

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

Date

Daytime Phone #

Neil Fairman 4/27/04 954-630-8880