## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Secretary of State 02-22-2008 90040 008 \*\*\*138.75 DOCUMENT # L03000007916 1. Entity Name OCEAN 8, LLC Principal Place of Business Mailing Address 60009969 15959 NW 15TH AVENUE 15959 NW 15TH AVENUE MIAMI, FL 33169 MIAMI, FL 33169 02082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1872639 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARR NEALE JEFFREY A. KRAMER DO NOT WRITE 15959 NW 15TH AVENUE MIAMI, FL 33169 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, 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 1.3 MANAGING MEMBERS/MANAGERS MGRM : TITLE KRAMER, JEFFREY A NÁME , 15958 NW 15TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 MORM τιτίε NAME : <u>-15059-NAVE</u>15TH LAVENUE =: \_ STREET ADDRESS MAMI\_PL\_33189\_\_\_\_ CITY-ST-ZIP TITLE -M-3RM ---FARRENEALE -NAME DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

11. I hereby certify that the informat tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information field with this filling does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I tutiner centry that it am a managing member or manager of the of the followers that it am a managing member or manager of the of the office of the of indicated on this report is t limited liability company of hd acci

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

2/12/08

**FILED** Feb 22, 2008 8:00 am

305-623-1861