

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90036 035 \*\*\*\*50.00

**DOCUMENT # L03000011455**

1. Entity Name  
OCEAN SOUND 6747, L.L.C.



14002166



Principal Place of Business  
3052 S.W. 27 AVE. #101  
MIAMI, FL 33133

Mailing Address  
3052 S.W. 27 AVE. #101  
MIAMI, FL 33133

2. Principal Place of Business

2200 South Dixie Hwy  
Suite, Apt. #, etc.  
Suite 705

3. Mailing Address

2200 South Dixie Hwy  
Suite, Apt. #, etc.  
Suite 705

City & State  
Coconut Grove, FL

City & State  
Coconut Grove, FL

Zip  
33133

Country  
Dade

Zip  
33133

Country  
Dade

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
76-0729862

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RENZI, PASQUALE  
3052 SW 27TH AVENUE  
#101  
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name Renzi, Pasquale  
Street Address (P.O. Box Number is Not Acceptable)  
2200 South Dixie Hwy.  
Suite 705  
City Coconut Grove, FL Zip Code 33133

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

*Pasquale Renzi*  
Signature, typed or printed name of registered agent and title if applicable

Pasquale Renzi

4/15/05

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME RENZI HOLDINGS, INC.  
STREET ADDRESS 3052 SW 27 AVE., #101  
CITY-ST-ZIP MIAMI, FL 33133

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME Renzi Holdings, Inc.  
STREET ADDRESS 2200 South Dixie Hwy Suite 705  
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

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

4/15/05

Date

305-858-7286

Daytime Phone #