


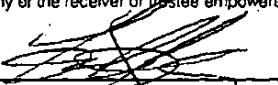
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

08-09-2004 90149 002 \*\*\*\*50.00  
L03000013118

**FILED**

2004 NOV 15 A 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000013118</b> 1. Entity Name <b>3711 OCEAN SOUTH-3, LLC</b>					
Principal Place of Business <b>3711 SO. OCEAN BOULEVARD, UNIT 3 HIGHLAND BEACH FL 33487</b>			Mailing Address <b>3711 SO. OCEAN BOULEVARD, UNIT 3 HIGHLAND BEACH FL 33487</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>06-1063666</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COHEN, EDWARD B-ESQ 54 SW BOCA RATON BOULEVARD BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
I, 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 renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>					
<b>MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GAG Realty LLC</b>	<b>MGRM</b>	STREET ADDRESS		
CITY-STATE-ZIP	<b>15 Mullen Rd</b>		CITY-STATE-ZIP		
	<b>ENR 16, CT 06082</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Frank Antonacci</b>		STREET ADDRESS		
CITY-STATE-ZIP	<b>Manager</b>		CITY-STATE-ZIP		
	<b>15 Mullen Rd</b>				
	<b>ENR 16, CT 06082</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>8/3/04</b> <b>860 746 3200</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		