2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000033418

1. Entity Name
OCEAN TREASURE, LLC

Principal Place of Business	Mailing Address
4308 EL MAR DR	3208 N.E. 10TH STREET
FORT LAUDERDALE, FL 33308 US	POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE

04042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0208705	Not Applicable

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

6. Name and Address of Current Registered Agent

DOBROFSKY, STEVEN
3208 N.E. 10TH STREET
POMPANO BEACH, FL 33062

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000382204
04/16/08-80031-017 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DOBROFSKY, STEVEN
STREET ADDRESS	3208 N.E. 10TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	BERKE, BENITTA
STREET ADDRESS	36 W. RANDOLPH STREET, SUITE 701
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _STEVEN DOBROFSKY_ , LLC Mgr 4/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #