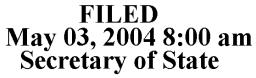
## 2004 LIMITED LIABILITY COMPANY



ANNUAL KEPURI				_ Secreta	Secretary of State	
DOCUMENT # L03000038243  1. Entity Name				05-03-2004 90141 005 ****50.00		
OCEÁN G	SARDEN DEVELOPMENT,	L.L.C.				
Principal Place of Business		Mailing Address 1508 NORTH OCEAN BLVD.			24054024	
1508 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062		POMPANO BEACH, FL 33062			t e e e e e e	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number	Applied For	
Zip Country		Zip Country		5. Certificate of Status Desired	Not Applicable  \$5.00 Additional	
		<u> </u>			Fee Required	
6. Name and Address of Current Registered Agent SCHECTER, MARK S			Name	7. Name and Address of New R	agistered Agent	
100 N.E. 3	RD AVENUE, SUITE 858		Street Addres	(P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE, FL 33301						
			City	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	vired when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2004				e check payable to a Department of State	
9.	MANAGING MEMBE	 ERS/MANAGERS	10.	ADDITIONS/	/CHANGES	
TITLE	MGRM 3	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	SUNCOAST VENTURES, INC.		NAME STREET ADDRESS			
GITY-ST-ZIP	1508 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE	<del></del>	☐ Change ☐ Addition	
NAME	DEEPWATER ASSOCIATES, LL		NAME			
STREET ADDRESS CITY-ST-ZIP	7491 NORTH FEDERAL HIGHW BOCA RATON, FL 33487	/AY, C-5, #285	STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	` 		NAME STREET ADDRESS			
CITY-ST-ZIP						
TITLE			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE		☐ Change ☐ Addition	

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.

ALI RELA ZAREBRAMMESTIONAT, SUNCOIST VERTURES, INC., MERM

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