FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 050 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040453

1. Entity Name
834 OCEAN DRIVE LLC

14027174

Principal Place of Business	Mailing Address
834 OCEAN DRIVE ATTENTION: STEFANO FRITTELLA MIAMI BEACH, FL 33139 US	1500 OCEAN DRIVE ATTENTION: STEFANO FRITTELLA MIAMI BEACH, FL 33139 US

07232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	834 OCEAN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI BEACH FL
Zip / Country	Zip: 33139 Country: US

4. FEI Number: 01-0800529 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRITTELLA, STEFANO
1500 OCEAN DRIVE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM. STEFANO FRITTELLA 1500 OCEAN DRIVE APT 903 MIAMI BEACH FL 33139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

3057948330

SIGNATURE: [signature] 07-25-04

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