FILED
Jul 23, 2004 8:00 am
Secretary of State

06-09-2004 90222 024 ****50.00

LIMITED LIABILITY COMPANY - UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000048654

1. Entity Name
M & M Oceanfront, LLC

DO NOT WRITE IN THIS SPACE

34009492
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
528 Burgundy "K"	528 Burgundy "K"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray, Florida	City & State: Delray, Florida
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number: 20-1180670 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary Lupolover

Street Address (P.O. Box Number is Not Acceptable)

528 Burgundy "K"

City: Delray FL Zip Code: 33484

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] 6/18/04

Signature, typed or printed name of registered agent and title if applicable. DATE

FILING FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	MARK MIRVIS
STREET ADDRESS	289 BAYBERRY DRIVE
CITY-ST-ZIP	HEWLETT, NY 11557
TITLE	MANAGING MEMBER
NAME	MARK LUPOLOVER
STREET ADDRESS	103 IGOE ROAD
CITY-ST-ZIP	MORGANVILLE, NJ 07751
TITLE	MANAGING MEMBER
NAME	IGOR ZHURAVSKY
STREET ADDRESS	806 TURQUOISE TRAIL
CITY-ST-ZIP	MORGANVILLE, NJ 07751
TITLE	MANAGING MEMBER
NAME	VEVACHESLAV FRUMAN
STREET ADDRESS	634 VANDAM STREET
CITY-ST-ZIP	N.WOODMERE, NY 11581
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E080 (12/02)

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: [signature] IGOR ZHURAVSKY 6/3/04 8882533443

Date Daytime Phone #