2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048654

Name:

Address:

City-St-Zip:

634 VANDAM STREET

VALLEY STREAM, NY 11581

Entity Name: M & M OCEANFRONT, LLC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 528 BURGUNDY "K" 528 BURGUNDY DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 **Current Mailing Address: New Mailing Address:** 528 BURGUNDY "K" 528 BURGUNDY DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 FEI Number: 20-1180670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUPOLOVER, JURY LUPOLOVER, JURY 528 BURGUNDY "K" 528 BURGUNDY DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33484 US 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. SIGNATURE: 05/01/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MIRVIS, MARK Name: Name: Address: 289 BAYBERRY DRIVE Address: City-St-Zip: HEWLETT, NY 11557 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LUPOLOVER, MARK Name: Name: Address: 248 NAVESLINK COURT Address: City-St-Zip: HOLMDEL, NJ 07733 City-St-Zip: Title: () Delete Title: () Change () Addition ZHURAVSKY, IGOR Name: Name: 806 TURQUOISE TRAIL Address: Address: City-St-Zip: MORGANVILLE, NJ 07751 City-St-Zip: Title: () Delete Title: () Change () Addition FRUMAN, VEYACHESLAV

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK LUPOLOVER **MGMR** 05/01/2006