

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # L03000048654

1. Entity Name  
M & M OCEANFRONT, LLC



Principal Place of Business  
528 BURGUNDY  
DELRAY BEACH, FL 33484

Mailing Address  
528 BURGUNDY  
DELRAY BEACH, FL 33484



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1180670	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LUPOLOVER, JURY  
528 BURGUNDY  
DELRAY BEACH, FL 33484

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	MIRVIS, MARK
STREET ADDRESS	289 BAYBERRY DRIVE
CITY-ST-ZIP	HEWLETT, NY 11557
TITLE	MGRM
NAME	LUPOLOVER, MARK
STREET ADDRESS	248 NAVESLINK COURT
CITY-ST-ZIP	HOLMDEL, NJ 07733
TITLE	D
NAME	ZHURAVSKY, IGOR
STREET ADDRESS	806 TURQUOISE TRAIL
CITY-ST-ZIP	MORGANVILLE, NJ 07751
TITLE	D
NAME	FRUMAN, VEYACHESLAV
STREET ADDRESS	634 VANDAM STREET
CITY-ST-ZIP	VALLEY STREAM, NY 11581
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000684097  
04/06/07-80019-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

3/27/07