

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048654

FILED
Feb 12, 2008
Secretary of State

Entity Name: M & M OCEANFRONT, LLC

Current Principal Place of Business:

528 BURGUNDY
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

528 BURGUNDY
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-1180670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPOLOVER, JURY
528 BURGUNDY
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: MIRVIS, MARK
Address: 289 BAYBERRY DRIVE
City-St-Zip: HEWLETT, NY 11557

Title: MGRM () Delete
Name: LUPOLOVER, MARK
Address: 248 NAVESLINK COURT
City-St-Zip: HOLMDEL, NJ 07733

Title: D () Delete
Name: ZHURAVSKY, IGOR
Address: 806 TURQUOISE TRAIL
City-St-Zip: MORGANVILLE, NJ 07751

Title: D () Delete
Name: FRUMAN, VEYACHESLAV
Address: 634 VANDAM STREET
City-St-Zip: VALLEY STREAM, NY 11581

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LUPOLOVER

MGMR

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date