


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 038 ****55.00

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000011474 1. Entity Name 2201 S. OCEAN DRIVE LLC |  |
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| Principal Place of Business 17555 COLLINS AVENUE # 1103 SUNNY ISLES BEACH, FL 33160 US | Mailing Address 17555 COLLINS AVENUE # 1103 SUNNY ISLES BEACH, FL 33160 US |
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01222006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 13-1648297 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PALTER, INNA 17555 COLLINS AVENUE # 1103 SUNNY ISLES BEACH, FL 33160 |
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| 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 <u>INNA PALTER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE <u>01.26.06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> |

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PALTER, INNA 17555 COLLINS AVENUE, # 1103 SUNNY ISLES BEACH, FL 33160 |
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| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | |
| SIGNATURE: <u>INNA PALTER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>01.26.07</u> <small>Date Daytime Phone #</small> |