

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90015 027 ****50.00

DOCUMENT # L04000021270
 1. Entity Name
 2800 NORTH OCEAN DRIVE, L.L.C.



Principal Place of Business: ONE EAST ELEVENTH ST, STE 500, RIVIERA BEACH, FL 33404
 Mailing Address: 10130 NORTHLAKE BLVD SUITE 214-329 ATTN: JOHN CHOYNOWSKI, WEST PALM BEACH, FL 33412

60054472



2. Principal Place of Business - No P.O. Box #
 5300 NW 12TH AVE

Suite, Apt. #, etc.
 Suite #1

City & State
 Ft Lauderdale FL

Zip
 33309

Country
 USA

08072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 05-1050112

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESAYE, JOSEPH 38 DEPUTY MINISTER DRIVE COLTS NECK, NJ 07722 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Leonard Mercer 5300 NW 12TH AVE FT. Lauderdale FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOYNOWSKI, JOHN F 10354 OSPREY TRACE WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK DONNA 5300 NW 12TH AVE FT. Lauderdale FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINI LIMITED PARTNERSHIP 5723 HIGH FLYER RD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VESTA DEVELOPMENT 10130 NORTH LAKE BLVD SUITE 214-329 WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESAYE FAMILY, LLC 38 DEPUTY MINISTER DR COLTS NECK, NJ 07722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURRY, FRANCIS 1 EAST 11TH ST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 8/7/07 Daytime Phone #: 732-735-2811