

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

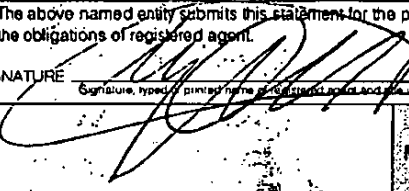
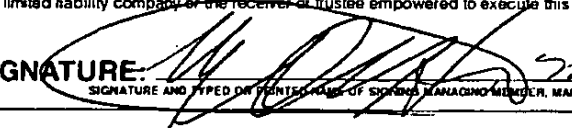
FILED
May 13, 2005 8:00 am
Secretary of State

04-20-2005 90041 039 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000025352					
1. Entity Name 521 S. OCEAN, LLC					
Principal Place of Business 42 N. SWINTON AVENUE DELRAY BEACH FL 33444			Mailing Address 42 N. SWINTON AVENUE DELRAY BEACH FL 33444		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2442885	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HASEY, MARTIN J ESO. 42 N. SWINTON AVENUE DELRAY BEACH FL 33444			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 		DATE			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HASSEY, MARTIN J ESO. 42 N. SWINTON AVENUE DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Hasey, Martin J. Eso 42 N. Swinton Avenue, #II Delray Beach, FL 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			Date 6/3/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		