

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000057831**

1. Entity Name  
SOUTH OCEAN DRIVE, LLC



Principal Place of Business	Mailing Address
C/O PARAMOUNT STRATEGY CORP POB32002 SMB,5 FLR,ZEPHYR HSE,MARY ST. GRAND CAYMAN, CAYMAN ISLANDS, XX XXXXX	C/O GERSTIN & ASSOCIATES 1499 W. PALMETTO PARK RD, SUITE 412 XX BOCA RATON, FL 33486 US



02192008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1860543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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

GERSTIN, JOSHUA G ESQ  
GERSTIN & ASSOCIATES  
1499 W PALMETTO PARK ROAD, SUITE 412  
BOCA RATON, FL 33486

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TOMPKINS, MARK N
STREET ADDRESS	1499 W. PALMETTO PARK ROAD, SUITE 412
CITY- ST- ZIP	BOCA RATON, FL 33486

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000000861326  
04/03/08-80004-020 138.75

**DO NOT WRITE  
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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 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

3-7-08 212.400.6990

Date

Daytime Phone #