2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000062500

1. Entity Name OCEAN 104, LLC



Principal Place of Business

1451 OCEAN DRIVE, SUITE 104 MIAMI BEACH, FL 33139 Mailing Address

1451 OCEAN DRIVE, SUITE 104 MIAMI BEACH, FL 33139

FILED May 01, 2007 08:00 A Secretary of State



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2046559

Applied For Not Applicable

5. Certificate of Status Desired

*

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134

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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.	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

SIGNATURE.

U00000752852 05/21/07-80030-015 55.00

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME GARCIA, ALEX 1451 OCEAN DRIVE, SUITE 104 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 empowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/07

Daytime Phone #