2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

1. Entity Name

COLLINS OCEANVIEW PROPERTIES, LLC



Principal Place of Business

1300 BRICKELL AVENUE MIAMI, FL 33131 Mailing Address

1300 BRICKELL AVENUE MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC CI

CR2E083 (11/05)

4. FEI Number 20-1571962 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131

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	named entity submits this statement for the purpose of cha	anging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
the obligat	tions of registered agent.				
SIGNATURE.				DATE	<u>.</u>
	Signature, typed or printed name of registered agent and little if applicable.	(NUIE Registered	d Agent signature required when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2007				50.00
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRP				
NAME	DEFORTUNA, EDGARDO A				
STREET ADDRESS	1300 BRICKELL AVE				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE					

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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 1 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 of 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 of 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 of the same legal effect as if made under oath; that I am a managing member or manager of the

SIGNATURE:

STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

01/23/07

305.351.1000

Daytime Phone #