



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90038 046 \*\*\*\*50.00

<b>DOCUMENT # L04000070363</b> 1. Entity Name OCEAN CONDOMINIUM 1520, LLC					
Principal Place of Business 6060 S.W. 78 STREET MIAMI, FL 33143			Mailing Address 6060 S.W. 78 STREET MIAMI, FL 33143		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>308 ALHAMBRA CIRCLE</b>  Suite, Apt. #, etc.  City & State <b>CORAL GABLES, FL</b>  Zip      Country <b>3134-5004      USA</b>			
		04132006    Chg-LLC    CR2E083 (11/05)		4. FEI Number <b>20-1679319</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DANIEL M. KEIL, P.A.</b> <b>3165 WEST 4 AVE.</b> <b>HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P NAME THOMAS, STEPHANIE STREET ADDRESS 6060 SW 78TH STREET CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME DEUCE MIAMI, INC. STREET ADDRESS 6060 SW 78TH STREET CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME VARGAS, PAULETTE STREET ADDRESS 4811 SW 74TH TERRACE CITY-ST-ZIP MIAMI, FL 33143	<input checked="" 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	<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	<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	<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: <i>Stephanie Thomas</i>			STEPHANIE THOMAS    4/13/06    (305) 666-6590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		