


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90320 045 ****50.00

DOCUMENT # L04000070363		
1. Entity Name OCEAN CONDOMINIUM 1520, LLC		

Principal Place of Business 6060 S.W. 78 STREET MIAMI, FL 33143	Mailing Address 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 US
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60046780



2. Principal Place of Business - No P.O. Box # 4811 SW 74 TERR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Fla.		City & State	
33143	Country USA	Zip	Country

04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1679319		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 DANIEL M. KEIL, P.A. 315 WEST AVE 6500 COWPEN ROAD MIAMI LAKES, FL 33014 SUITE 301 MIAMI LAKES, FL 33014		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEUCE MIAMI, INC. 6060 SW 78TH STREET MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stephanie Thomas DATE: 4/18/07 (305) 666-6590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6063-5612