

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072247

FILED
Jun 30, 2005
Secretary of State

Entity Name: 4540 N. OCEAN DRIVE REALTY LIMITED LIABILTY COMPANY

Current Principal Place of Business:

131 BAY COLONY DRIVE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4540 N. OCEAN DRIVE
208
FORT LAUDERDALE, FL 33308

Current Mailing Address:

131 BAY COLONY DRIVE
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1745369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALFONSO, JUAN O
131 BAY COLONY DRIVE
FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFONSO, JUAN O
Address: 131 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: BEJAR, MARTHA
Address: 131 BAY COLONY DRIVE
City-St-Zip: FORT LAURDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA H. BEJAR

MGR

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date