

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

02-28-2005 90042 026 ****50.00

DOCUMENT # L04000073029 1. Entity Name 3596 SOUTH OCEAN LLC					
Principal Place of Business 9042 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33414			Mailing Address 9042 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0557801	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent STEPHEN, J H 9042 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, STEPHEN J 9042 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, FAYE 9042 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Stephen J. Hoffman</u> <u>STEPHEN J. HOFFMAN</u> <u>2/23/05</u> <u>(561) 992-7727</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30002924



01262005 Chg-LLC CR2E083 (10/03)

FL Zip Code