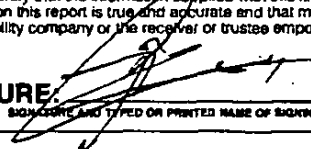


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90009 013 ****50.00

DOCUMENT # L04000079960																																															
1. Entity Name OCEANVIEW 619, LLC																																															
Principal Place of Business 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160			Mailing Address 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160																																												
2. Principal Place of Business			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	01042005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-2340444 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160				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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																															
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGRM CASTANEDA, ENRIQUE 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGRM DLUGONOGA, DIEGO 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTANEDA, ENRIQUE 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DLUGONOGA, DIEGO 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: 			Date 4/12/05 Daytime Phone # 385-947-0477																																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															

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