


**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90018 022 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000015753**  
 1. Entity Name  
 OCEAN PLAZA HOSPITALITY, LLC



**30008967**

Principal Place of Business 2091 S. OCEAN DRIVE HALLANDALE, FL 33009	Mailing Address 2091 S. OCEAN DRIVE HALLANDALE, FL 33009
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04072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DADE COUNTY CORPORATE AGENTS, INC.  
 18901 NE 29TH AVENUE  
 SUITE 100  
 AVENTURA, FL 33180

**DO NOT WRITE  
 IN THIS SPACE**

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 reissuing)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLEDANO, YIZHAK 2091 S. OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOAZIZ, MORDECHAI 2091 S. OCEAN DRIVE HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE