2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026934

Entity Name
 2402 OCEAN MARINE YACHT CLUB, LLC



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET STE 900 AVENTURA, FL 33180 Mailing Address

C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET STE 900 AVENTURA, FL 33180



01302007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		<u></u>	Applied For
	20-3124991			Not Applicable
5.	Certificate of Status Desired	1 1		Additional uired

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET STE 900 AVENTURA, FL 33180

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	office or registere	d agent, or bo	oth, in the State	of Florida. I am far	niliar with, and accept
. signature_				;			· · · · · · · · · · · · · · · · · · ·
5007	Signature, typed or printed name of registered agont and title if applicable	(NOTE Registered A	gent signature required w	vhen reinstating)		. DATE	
	ling Fee is \$50.00 ue by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIFFMAN, ADAM R 2999 N.E. 191 STREET #900 AVENTURA, FL 33180				ı	ենննորնորդ «	ישר
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000724: 03/07-800i	976 33-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS	SPACE	
TITLE NAME - STREET ADDRESS - CITY-ST-ZIP		,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• •	· •	e e e e		
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shibility company or the receiver or trustee empowered to expo	quality for the exert and have the same oute this report as	nptions contained legal effect as if a required by Chap	in Chapter 1 made under coter 608, Florid	19, Florida Statu bath: that I am i da Statutes.	utes. I further certifi a managing memb	that the information er or manager of the