03/12/2008 11:13 FAX

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90111 013 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026934

1. Entity Name
2402 OCEAN MARINE YACHT CLUB, LLC

60023414

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

03122008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2750 N E 185th Street	2750 NE 185th Street
Suite, Apt. #, etc. Second Floor	Suite, Apt. #, etc. Second Floor
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country	Zip 33180 Country

4. FEI Number 20-3124991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Schiffman, Adam R
Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street
Second Floor
City Aventura FL Zip Code 33180

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 reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	KOMIN, NIKOLAY		NAME	Komin, Nikolay	
STREET ADDRESS	% ADAM R SCHIFFMAN, PA-2999 NE 191 ST-#900		STREET ADDRESS	2750 NE 185th Street, 2nd Floor	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, FL 33180	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 3/31/08 ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #