03/12/2008 11:20 3057927797 OLYMPIA T:

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Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90109 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027210

1. Entity Name
2610 OCEAN MARINE YACHT CLUB, LLC

50003350

Principal Place of Business	Mailing Address
2999 N.E. 191ST STREET, SUITE 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180	2999 N.E. 191ST STREET, SUITE 900 C/O ADAM R. SCHIFFMAN, P.A. AVENTURA, FL 33180
2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street	3. Mailing Address 2750 NE 185th Street
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country	Zip 33180 Country

03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3125035 ☐ 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
SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	Name ~~Schiffman, Adam R~~ Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street 2nd 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BORTNOVSKY, BELA 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Komin, Nikolay 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #