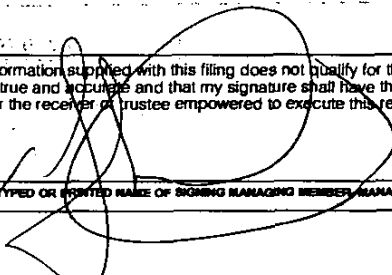


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90037 012 ****50.00

DOCUMENT # L05000027291 1. Entity Name PINK OCEAN, L.L.C.					
Principal Place of Business 1301 N.E. MIAMI GARDENS DRIVE STE PENTHOUSE 6 MIAMI, FL 33179			Mailing Address 1301 N.E. MIAMI GARDENS DRIVE STE PENTHOUSE 6 MIAMI, FL 33179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, WILLIAM L ESQ 801 N.E. 187TH ST SECOND FLOOR NO MIAMI BEACH, FL 33162				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 <u>WILLIAM ROGERS</u> DATE <u>8/28/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to - Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVADIA, ALBERT SOLOMON 1301 NE MIAMI GARDEN DR. PH6 MIAMI, FL 33179 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVADIA, ALBERT SOLOMON 1301 N.E. MIAMI GARDEN DR MIAMI FL 33179 ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>8/28/06</u> (786) 277-5407 Daytime Phone #		

ATTACHMENT 20054126
#10500002729T

you spelled My NAME
wrong.

FIRST	MIDDLE	LAST
SOLOMON	ALBERT	OVADIA

if you FIX it I would appreciate
thx K for