

INDIAN CREEK INN, LLC

Doc# 405000030442

Name: Indian Creek Inn, L

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90017 001 ***138.75

Principal Place of Business
727 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33140

Mailing Address
262 WEST 73RD STREET,
SUITE B-2
NEW YORK, NY 10023

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01042008 Chg-LLC CR2E083 (12/06)

Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 20-2758173		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ED. RONY 7 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

I, 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 or May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
ADDRESS ZIP	MGRM OVIED, ABRAHAM RONY 143 E 30TH STREET NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	MGRM OVID, JACK 262 WEST 73RD STREET, SUITE B-2 NEW YORK, NY 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVID, JACK 262 West 73rd street, suite B-2 New York, NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	DATE	DAYTIME PHONE #
Ralph Legel	1/15/08	