2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L05000052624

Entity Name: OCEAN VIEW DEVELOPERS, LLC

Current Principal Place of Business:

19370 COLLINS AVE.
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19370 COLLINS AVE.
SUNNY ISLES, FL 33160

New Mailing Address:

527 SOUTH WELLS STREET
SUITE 700
CHICAGO, IL 60607

FEI Number: 20-3181829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE STE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FEURER, CHRISTOPHER
Address: 1940 N. CLARK ST.
City-St-Zip: CHICAGO, FL 60614

Title: MGR ( ) Delete
Name: CACCLATORE, PHILIP
Address: 55 W. WACKER DR
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CACCIATORE, JOSEPH P
Address: 527 S WELLS STREET
City-St-Zip: CHICAGO, IL 60607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH P CACCIATORE MGR 05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date