

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT.**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90207 003 \*\*\*\*50.00

<b>DOCUMENT # L05000063013</b>					
<b>1. Entity Name</b> SOUTH OCEAN GROUP (711) LLC					
<b>Principal Place of Business</b> 2115 SOUTH OCEAN BOULEVARD UNIT 16 DELRAY BEACH, FL 33483			<b>Mailing Address</b> C/O SCOTT RHINE, CPA 399 NW BOCA RATON BOULEVARD BOCA RATON, FL 33432		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> APPLIED FOR <b>20-3065851</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CLIFFORD, MALORY 2115 SOUTH OCEAN BOULEVARD UNIT 16 DELRAY BEACH, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CLIFFORD, MALORY 2115 SOUTH OCEAN BOULEVARD, UNIT 16 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE</b> _____			Date <b>26.2.07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					