2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8/2006-90037-038-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 11:24

DOCUMENT # L05000072210

1. Entity Name
OCEANWALK CORNER STORE, L.L.C.

Principal Place of Business	Mailing Address
2631 E. OAKLAND PARK BLVD., STE. 205 FORT LAUDERDALE, FL 33306-1618	2631 E. OAKLAND PARK BLVD., STE. 205 FORT LAUDERDALE, FL 33306-1618

04072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 133/134	
City & State		City & State HOLLYWOOD FL	
Zip	Country	Zip 33019-1728	Country BROWARD

3. Mailing Address: 101 N OCEAN DRIVE

4. FEI Number 03-0568094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATHANASAKOS, ELIZABETH
2631 E. OAKLAND PARK BLVD., STE. 205
FORT LAUDERDALE, FL 33306-1618

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOURKOUMELIS, GEORGE 2631 E. OAKLAND PARK BLVD., STE. 205 FORT LAUDERDALE, FL 333061618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #