### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000090203

1. Entity Name
2309 NORTH OCEAN DRIVE LLC



Principal Place of Business

Mailing Address

1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 1000 MARKET ST STE 300 PORTSMOUTH, NH 03801 FILED
Mar 21, 2007 08:00 AM
Secretary of State



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01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1260644 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483

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named entity submits this statement for the purpose of chaions of registered agent.	anging its registered office or registered agent, or both, in the S	itate of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
ling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBERS/MANAGERS		
MGR ADE, RICHARD C 1000 MARKET ST PORTSMOUTH, NH 03801		
	Signature, typed or printed name of registered agent and title if applicable  ling Fee is \$50.00  MANAGING MEMBERS/MANAGERS  MGR  ADE, RICHARD C  1000 MARKET ST	Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  ling Fee is \$50.00  MANAGING MEMBERS/MANAGERS  MGR  ADE, RICHARD C  1000 MARKET ST

NAME
STREET ADDRESS
CHY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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NAME STREET ADDRESS CITY-ST-ZIP 000000674622 03/29/07-80076-022 50.00

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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 five 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 profits receiver or toustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

119107 Daytime

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