



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103666 1. Entity Name 521 SOUTH OCEAN DELRAY LLC	
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Principal Place of Business 41 SE 5TH STREET 2D FLOOR BOCA RATON, FL 33432	Mailing Address 41 SE 5TH STREET 2D FLOOR BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE


02202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3763121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSHON, HOLLY G
1489 W. PALMETTO PARK RD
SUITE 425
BOCA RATON, FL 33486

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULTE, MARK T 415 SE 5TH ST 2ND FL BOCA RATON, FL 33432
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03/14/07-80020-010 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 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 606, Florida Statutes.

SIGNATURE:  3/2/07 **561 272 6852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #