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Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90355 037 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111844

1. Entity Name
OCEAN & LAKE PARTNERS ACS LLC

Principal Place of Business	Mailing Address
18206 COLLINS AVENUE SUNNY ISLES, FL 33160	18206 COLLINS AVENUE SUNNY ISLES, FL 33160

02202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9577 Harding Ave.		9577 Harding Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Surfside, Fl		City & State: Surfside, Fl	
Zip: 33154	Country: U.S.A.	Zip: 33154	Country: USA

4. FEI Number: 20-3805072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALPERN, FERNANDO
18206 COLLINS AVENUE
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name: Alpern, Fernando
Street Address (P.O. Box Number is Not Acceptable): 9577 Harding Ave.
City: Surfside FL Zip Code: 33154

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	GLEIZER, HERNAN		NAME	Gleizer, Hernan	
STREET ADDRESS	18206 COLLINS AVENUE		STREET ADDRESS	9577 Harding Ave.	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	Surfside, Fl 33154	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 4-12-07 305-865-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #