

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121209

FILED
Apr 30, 2007
Secretary of State

Entity Name: OC ISLAND COVE DEVELOPMENT LLC

Current Principal Place of Business:

4191 NW 107TH AVE.
DORAL, FL 33178

New Principal Place of Business:

777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131

Current Mailing Address:

4191 NW 107TH AVE.
DORAL, FL 33178

New Mailing Address:

P.O. BOX 972063
MIAMI, FL 33197

FEI Number: 04-3836214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORRY, CHRIS
4191 NW 107TH AVE.
DORAL, FL 33178 US

Name and Address of New Registered Agent:

KENNEY, JUDITH ATTORNE
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131 US

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.

SIGNATURE: JUDITH KENNEY

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORRY, CHRIS
Address: 4191 NW 107TH AVE.
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: OCTAVIO, MENDIZABAL E
Address: 4191 NW 107TH AVE.
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENDIZABAL, OCTAVIO
Address: P.O. BOX 972063
City-St-Zip: MIAMI, FL 33197

Title: MGR (X) Change () Addition
Name: FORRY, CHRIS
Address: 4191 NW 107TH AVE.
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OCTAVIO MENDIZABAL

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date