

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

03-07-2007 90217 010 *****50.00
07-23-2007 90076 012 *****5.00

DOCUMENT # L06000026865

1. Entity Name
OCEAN VIEW PROPERTIES I, LLC



Principal Place of Business
19658 115 AVENUE SOUTH
BOCA RATON, FL 33498

Mailing Address
19658 115 AVENUE SOUTH
BOCA RATON, FL 33498

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
03-0584015

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Khan
KHAM, MUNAFF A
19658 115 AVENUE SOUTH
BOCA RATON, FL 33498

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

Munaff Khan / MUNAFF Khan - Managing member

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MUNAFF KHAN -
MANAGING MEMBER
Same Address as Listed Above*

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MANAGING MEMBER
MUNAFF KHAN
19658 115 Ave So.
Boca Raton FL 33498-6501*

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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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

Munaff Khan

7/13/07

561-702-3097
561-470-0439