

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 20, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 019 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L06000065985</b>  |  |  |  |   |  |
| <b>1. Entity Name</b><br>OCEANIC PLACE LLC  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>2545 EAST SUNRISE BLVD.<br>SUITE 181<br>FORT LAUDERDALE, FL 33304   |  |  | <b>Mailing Address</b><br>2545 EAST SUNRISE BLVD.<br>SUITE 181<br>FORT LAUDERDALE, FL 33304                              |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                      |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>20-5436366                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BEIGHLEY & MYRICK, P.A.<br>1255 WEST ATLANTIC BLVD.<br>SUITE 314<br>POMPANO BEACH, FL 33304   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| FL  |  |  | Zip Code   |   |  |
| <b>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.</b>  |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)  |  |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  | <b>Make check payable to Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>POOLE, DONALD<br>2545 EAST SUNRISE BLVD. #181<br>FORT LAUDERDALE, FL 33304   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>POOLE, MARY ANN<br>2545 EAST SUNRISE BLVD. #181<br>FORT LAUDERDALE, FL 33304 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b> _____   |  |  | 4/16/07 954.678.3817   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |  |   |  |

30011041



04152007 Chg-LLC CR2E083 (12/06)

ATTACHMENT

30011041

# LOG 0000 65985

OCEANIC PLACE, LLC  
2545 E. Sunrise Blvd. #181  
Ft. Lauderdale, FL 33304  
954.678.3817  
FEI #20-5436366

June 5, 2007

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Annual Report for above for mentioned LLC.

The FEI number located in Block 4 is in fact the FEI number and **is not a Social Security Number.**

If you have any further questions you can always reach me at: 954.678.3817

Thank you,

\_\_\_\_\_  
Don Poole