2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

05-16-2007 90173 027 ****50.00

DOCUMENT # L06000070990

1. Entity Name
COTTAGES BY THE OCEAN, LLC



Principal Place of Business Mailing Address 3309 SE THIRD STREET 2700 W. ATLANTIC BLVD. 40115074 POMPANO BEACH, FL 33062 IJS **SUITE 203** POMPANO BEACH, 33069 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 42 FEI Number Not Applical Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ELAINE FLOREA** Street Address (P.O. Box Number is Not Acceptable) 2700 W. ATLANTIC BLVD. SUITE 203 POMPANO BEACH, FL 33069 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 acce the obligations of registered agent. 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 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addit ELAINE, FLOREA NAME STREET ADDRESS 2700 W. ATLANTIC BLVD. #203 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Defete TITLE Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITI F ☐ Delete TITLE ☐ Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addit Addit 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 emptywered to effect this report as required by Chapter 608, Florida Statutes.