

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115449

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** OCEAN TIDES RESIDENCES #2 LLC

**Current Principal Place of Business:**

5460 NORTH STATE ROAD 7, #114  
NORTH LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5460 NORTH STATE ROAD 7, #114  
NORTH LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRADEN, LISA  
4623 FOREST HILL BLVD STE 111  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CORCORAN-WALSH, KAREN  
Address: 5460 NORTH STATE ROAD 7, #114  
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: MGR ( ) Delete  
Name: WALSH, CHRISTOPHER  
Address: 5460 NORTH STATE ROAD 7, #114  
City-St-Zip: NORTH LAUDERDALE, FL 33319

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER WALSH

MGR

04/30/2007

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