

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048494

FILED
May 01, 2008
Secretary of State

Entity Name: TYKHE OCEAN DREAMS, LLC

Current Principal Place of Business:

515 S.W. 1ST AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

515 S.W. 1ST AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-0232741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LES S. KUSHNER, P.A.
2924 DAVIE ROAD
SUITE 200
DAVIE, FL 33314 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOLFER, ROBIN
Address: 515 S.W. 1ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: ALEXANDER, PAM
Address: 515 S.W. 1ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ROBIN WOLFER

MGR

05/01/2008

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