


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90160 028 \*\*\*138.75

<b>DOCUMENT # L07000086986.</b>	
1. Entity Name 3505 OCEAN DRIVE #1015 LLC	

Principal Place of Business 2 SOUTH UNIVERSITY DRIVE SUITE 210 PLANTATION, FL 33324	Mailing Address 2 SOUTH UNIVERSITY DRIVE SUITE 210 PLANTATION, FL 33324
--	--

**50005773**

2. Principal Place of Business - No P.O. Box # 3970 SW 53 CT	3. Mailing Address 3970 SW 53 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL.
Zip 33312	Country USA
Zip 33312	Country USA

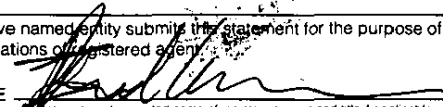
02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0334968	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

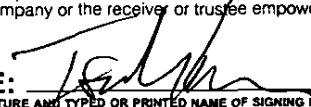
6. Name and Address of Current Registered Agent STEVENS & GOLDWYN, PA 2 SOUTH UNIVERSITY DRIVE SUITE 210 PLANTATION, FL 33324	
---	--

7. Name and Address of New Registered Agent	
Name ISRAEL KUDMAN	
Street Address (P.O. Box Number is Not Acceptable)	
3970 SW 53 CT	
City FT LAUDERDALE, FL	Zip Code 33312

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 the registered agent.	
SIGNATURE 	DATE 4/29/08

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUDMAN, ISRAEL 2 SOUTH UNIVERSITY DRIVE, #210 PLANATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3970 SW 53 CT FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  ISRAEL KUDMAN	DATE: 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	