

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102743

**FILED**  
**Feb 03, 2008**  
**Secretary of State**

**Entity Name:** CROSS ISLAND OCEAN, LLC

**Current Principal Place of Business:**

2635 E OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

225 EMERALD LN  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

2635 E OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306 US

**New Mailing Address:**

C/O JEROME KLEIN  
225 EMERALD LN  
PALM BEACH, FL 33480 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MASTERS, ALBERT L CPA  
3111 UNIVERSITY DRIVE  
SUITE 601  
CORAL SPRINGS, FL 33065 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: MGRM ( ) Delete  
Name: KLEIN, JEROME R  
Address: 2635 EAST OAKLAND PARK BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33306 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KLEIN, JEROME R  
Address: 225 EMERALD LN  
City-St-Zip: PALM BEACH, FL 33480 US

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: JEROME R KLEIN

MGRM

02/03/2008

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