# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Oct 22, 2009**
**Secretary of State**

DOCUMENT# L08000091597

**Entity Name:** 400 S. OCEAN CABANA #7, LLC

**Current Principal Place of Business:**

ONE CITY CENTRE
ONE NORTH FEDERAL HWY., STE. 500
BOCA RATON, FL 33432

**New Principal Place of Business:**

ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432

**Current Mailing Address:**

ONE CITY CENTRE
ONE NORTH FEDERAL HWY., STE. 500
BOCA RATON, FL 33432

**New Mailing Address:**

ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432

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

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

RAFFERTY, WILLIAM L JR ESQ
RAFFERTY, STOLZENBERG, GELLES, TENENHOLTZ
1401 BRICKELL AVENUE, STE. 825
MIAMI, FL 33131 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: KIRKEIDE, KEVIN G
Address: ONE CITY CENTRE, ONE N FEDERAL HWY #500
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SARGEANT, III, HARRY MANAGER
Address: ONE CITY CENTRE, ONE N FEDERAL HWY #500
City-St-Zip: BOCA RATON, FL 33432

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: HARRY SARGEANT, III MGR 10/22/2009

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