

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 26 AM 10:22

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000161**

E O C L.C.  
100 BEACH ROAD  
APT PHD  
TEQUESTA FL 33469

1a. Principal Place of Business Address

100 BEACH ROAD  
APT PHD  
TEQUESTA FL 33469

2. Principal Place of Business

% O'Connor Davies & Co., LLP

Suite, Apt. #, etc.

15 Essex Road

City & State

Paramus, NJ

Zip

07652

Country

USA

2a. Mailing Address

% O'Connor Davies & Co., LLP

Suite, Apt. #, etc.

15 Essex Road

City & State

Paramus, NJ

Zip

07652

Country

USA

3. Date Organized or Qualified

02/10/1997

3a. State of Formation

FL

4. FEI Number

22-3490163

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/16/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

O'CONNOR, EDWARD  
100 BEACH ROAD  
APT PHD  
TEQUESTA FL 33469

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

SIGNATURE

(Registered Agent Accepting Appointment) (Only if Registered Agent signature is required, check this box)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	O'CONNOR, EDWARD	100 BEACH ROAD	TEQUESTA FL
MGRM	COLLINS, KERRY	100 BEACH ROAD	TEQUESTA FL
MGRM	DAVIES, SHARON	100 BEACH ROAD	TEQUESTA FL
MGRM	OBERHOFER, COLEEN	100 BEACH ROAD	TEQUESTA FL
MGRM	SITES, MELBA	100 BEACH ROAD	TEQUESTA FL
MGRM	O'CONNOR, EDWARD G	100 BEACH ROAD	TEQUESTA FL

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 4.20.99

SIGNATURE AND TITLE OF REGISTERED AGENT OR OTHER MANAGER, MEMBER OR EMPLOYEE

DATE

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