2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L99000000702



FILED

Mar 04, 2008 8:00 am Secretary of State

03-04-2008 90106 025 ***143.75

OCEAN BOULEVARD PROPERTIES, L.L.C. UUULAJUD Principal Place of Business Mailing Address 2000 SOUTH OCEAN BOULEVARD 2000 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462 MANALAPAN, FL 33462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 13-4043888 Not Applicable Zip Country Zip Country \$5.00 Additional -5. Certificate of Status Desired -M 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MERM MGR Delete TITLE Change ☐ Addition TITLE ZIFF, DIRK E NAME NAME 350 PARK AUGNUE, 11 EM FLOOR 153 EAST 53RD STREET, 43RD FLOOR STREET ADDRESS STREET ADORESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP NEW YORK, NY 10022 ☐ Detete TITLE PRESIDENT ☐ Change Addition STAFFORD, PAUL NAME NAME 350 PARK AUENVE, IIT FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10022 VICE PRESIDENT, TREASURER Change Addition TITLE Delete TITLE NAME NAME ENGEL, KELLY 350 PARK AVENUE, 11 Th FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10022 VICEPRESIDENT, SECRETARY [Change Delete TITI E Addition TITLE NAME NAME GRAY DAVID 350 PARK AVENUE, 11 TE FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY CITY-ST-7IP 10012 ☐ Delete PROPERTY MANAGER Addition TITLE ☐ Change TITLE NAME NAME RATHBUN, DAVID STREET ADDRESS STREET ADDRESS 2000 SOUTH OCEAN BOULEVARD CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

DIRK ZIFF

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE