

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002381

FILED  
May 20, 2004  
Secretary of State

**Entity Name:** 7400 OCEANSIDE DEVELOPERS, LLC

**Current Principal Place of Business:**

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Mailing Address:**

FEI Number: 65-1147992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: 7400 OCEANSIDE M/M., LLC  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGRM ( ) Delete  
Name: 7400 OCEANSIDE FIH., LLC  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: 7400OCEANSIDE M/M, LLC

MGRM

05/20/2004

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