2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000000920

1. Entity Name
OCEAN 505 ASSOCIATES, L.L.C.

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
60 BROAD ST, STE 3503 NEW YORK, NY 10004	60 BROAD ST, STE 3503 NEW YORK, NY 10004

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07212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
11-3241559	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ECKSTEIN, JUDY
STREET ADDRESS	60 BROAD ST
CITY-ST-ZIP	NEW YORK, NY 10004

U00000356558
07/28/08-80008-011 138.75

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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

SIGNATURE: _____   J. ECKSTEIN 7/22/08 212 668 0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #