

Amended

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001277

 1. Entity Name
SOUTH OCEAN PROPERTIES, LLC

 FILED
2011 OCT -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 Principal Place of Business
5441 KIETZKE LANE, SECOND FLOOR
RENO, NV 89511

 Mailing Address
5441 KIETZKE LANE, SECOND FLOOR
RENO, NV 89511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2419676

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

Filing Fee is \$50.00

 Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE MGR ☐ Delete
NAME ARMSTRONG, HARVEY L
STREET ADDRESS 1700 SEAPORT BLVD., 4TH FLOOR
CITY-ST-ZIP REDWOOD CITY, CA 94063

 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300213011523
10/06/11--01020--006 **\$50.00

 TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ Delete
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CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

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

Date

Daytime Phone #

2/8/06 650-210-5000

Filing Date OCT - 6 2011