## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## DOCUMENT # M06000004339

STREET ADDRESS CITY-ST-7IP



FILED Mar 24, 2008 8:00 am

Secretary of State

03-24-2008 90236 019 \*\*\*138.75

ECHO OCEAN RESIDENCES, LLC OUUTUOUA Mailing Address Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FLOOR 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E083 (12/06) Chg-LLC Applied For City & State 4 FEI Number City & State 20-5327175 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Göldman, JoelStreet Address (P.O. Box Number is Not Acceptable) BOMSTEIN BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 4425 Ponce de Leon Blvd., 4th Floor 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. (Joel Goldman) SIGNATURE Signatu (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGRS TITI E MGR/EVP X Change ☐ Addition ☐ Defete QUINT, DAVID NAME Quint, David NAME STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr. STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR CITY-ST-7IP CITY-ST-ZIP CORAL GABLES, FL 33146 Coral Cables FL 33146 TITLE TITLE Delete el, David 5 Ponce de Leon Blvd., 4th Flr. QUINT, DAVID NAME NAME STREET ADDRESS 4425 PONCE DE LEON BLVD 4TH FLOOR STREET ADDRESS Coral Gables FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 CHTY-ST-ZIF ☐ Delete TITLE Change **XX**Addition TITLE Oppenheim, Robert 4425 Ponce de Leon Blvd., 4th Flr. Coral Gables FL 33146 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition EVP ☐ Defete TITLE TITLE NAME Goldman, Joel NAME STREET ADDRESS STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr. CITY-ST-ZIP CITY-ST-ZIP Coral Cables FL 33146 ☐ Change XXAddition Delete TITLE TITLE SVP NAME NAME Spillis, George STREET ADORESS STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr. CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Defete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Warman, Danny

Coral Gables FL 33146

4425 Ponce de Leon Blvd., 4th Flr.

305-854-8880 SIGNATURE: OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone 6 DOCUMENT NO. M06000004339 ECHO OCEAN RESIDENCES, LLC

10. ADDITIONS/CHANGES

TITLE	VP	Change	Addition
NAME	ciely, Brian		
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Floor		
CITY – ST- ZIP	Coral Gables, Florida 33146		