2008 LIMITED LIABILITY COMPANY

Feb 04, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # M07000000680 02-04-2008 90139 047 ***138.75 OCEÁN PALM DEVELOPMENT, LLC Principal Place of Business Mailing Address 2410 HOLLYWOOD BLVD. 2410 HOLLYWOOD BLVD. **60005978** HOLLYWOOD, FL 33020 HOLLYWOOD, FL-33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1135 Kane Concourse 1135 Kane Concourse Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E083 (12/06) Chg-LLC 6th FLOOR 6th FLOOR 4. FEI Number 20-4635036 City & State City & State Applied For BMY HARBOR 15, FL BAY HARBOR IS, FL Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEAR, DAVID Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33134 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. 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 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ■ Addition NAME MALONEY, KEVIN NAME 2410 HOLLYWOOD BLVD 1/35 Kane Concourse 6th FL STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP BAY HARBOR IS, FL 33154 MGRM ☐ Defete GOLDSTEIN, BRUCE NAME NAME 1135 Kane Concourse 6th FL 2410 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP BAY HARBORIS, FL 33154 Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CRY-ST-ZIP Delete TITLE TITLE ■ Addition

11. Thereby 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

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED