


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # M98000001475**

1. Entity Name  
 OCEAN CLUB REALTY, LLC



Principal Place of Business 755 CRANDON BOULEVARD KEY BISCAVNE, FL 33149	Mailing Address 755 CRANDON BOULEVARD KEY BISCAVNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 36-3375288	Applied For Not Applicabl
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, JOHN A  
 755 CRANDON BOULEVARD  
 KEY BISCAVNE, FL 33149

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

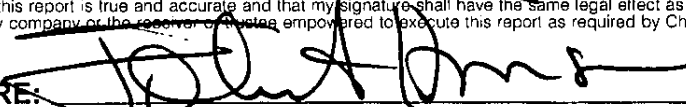
9. MANAGING MEMBERS/MANAGERS

TITLE & NAME MGR OCEAN CLUB DEVELOPMENT COMPANY	STREET ADDRESS 1111 BRICKELL AVE, STE 2300	CITY-ST-ZIP MIAMI, FL 33131
TITLE & NAME MGR BLACKMAN, CHRISTOPHER J	STREET ADDRESS 755 CRANDON BOULEVARD	CITY-ST-ZIP KEY BISCAVNE, FL 33149
TITLE & NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE & NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE & NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE & NAME	STREET ADDRESS	CITY-ST-ZIP

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 03/19/08-80002-018 143.75

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:       Date: 2/29/08      Daytime Phone #: (305) 379-1200

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

John A. Hinson