

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052624

Entity Name: OCEAN VIEW DEVELOPERS, LLC**Current Principal Place of Business:**19370 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**527 SOUTH WELLS STREET
SUITE 700
CHICAGO, IL 60607 US**FEI Number:** 20-3181829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGRM
Name CACCIATORE, JOSEPH P
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, VICTOR J
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, PETER C
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, CHARLOTTE R
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, PHILIP P
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, VICTOR J II
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, CHRISTOPHER P
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name BICKEL, CINDY
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH P CACCIATORE**MANAGING MEMBER****03/26/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title MGR
Name CACCIATORE, MARYBETH
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name LASEK, SUSAN
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name TURAN, GLORIA L
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

Title MGR
Name CACCIATORE, DANIEL E
Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607