


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 025 ****50.00

DOCUMENT # <u>LO2000018298</u>	
1. Entity Name Ocean Point Title, LLC	

DO NOT WRITE IN THIS SPACE

20060119

2. Principal Place of Business 6501 Congress Ave Suite, Apt. #, etc. Third Floor City & State Boca Raton, FL Zip 33487 Country US	3. Mailing Address 6501 Congress Ave Suite, Apt. #, etc. Third Floor City & State Boca Raton, FL Zip 33487 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0555110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Carlos V. Cepeda</u>	
	Street Address (P.O. Box Number is Not Acceptable) 6501 Congress Ave, Third Floor	
	City <u>Boca Raton</u>	FL Zip Code <u>33487</u>

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. **DATE** _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Partner Carlos V. Cepeda 4294 NW 60th Drive, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Partner Eric M. Wallberg 15614 Messina Isles Drive, Delray, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #** _____

CR2E0808 (12/02)