Apr 12, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L02000034987** 04-12-2007 90183 029 ****50 00 OCEÁN DRIVE OWNERS, LLC Principal Place of Business Mailing Address **3333 20TH STREET 3333 20TH STREET** VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 02022007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For 57-1144086 Not Applicable Zip Country Country \$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 BERG, PAUL R Street Address (P.O. Box Number is Not Acceptable) **3333 20TH STREET** VERO BEACH, FL 32960 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition NAME BERG, PAUL R NAME STREET ADDRESS 3333 20TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ 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 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED