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Secretary of State

04-27-2006 90018 012 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021955

1. Entity Name
OCEAN TRUST PROPERTIES, LLC

Principal Place of Business	Mailing Address
900 SW 8TH AVENUE SUITE 101 DEERFIELD BEACH, FL 33441	900 SW 8TH AVENUE SUITE 101 DEERFIELD BEACH, FL 33441
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 51-0471183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRAWG CORP 1801 N MILITARY TRAIL STE 200 BOCA RATON, FL 33431	Name: Christopher M. Trapani, Esq. Street Address (P.O. Box Number is Not Acceptable): c/o Katz Barron et al, 100 NE Third Ave Suite 280 City: Ft Lauderdale FL Zip Code: 33301

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] DATE: 4/24/06

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OSBORN, SCOTT 245 N OCEAN BLVD STE 305 DEERFIELD BH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OSBORN, SCOTT 1160 Hillsboro Mile, PH Hillsboro Beach, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OSBORN, MICHAEL 245 N OCEAN BLVD STE 305 DEERFIELD BH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Osborn, Michael 1160 Hillsboro Mile, PH Hillsboro Beach, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Date: 4/25/06 Daytime Phone #

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