2005 LIMITED LIABILITY COMPANY

Apr 22, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT #L03000046158 OKEÉ PROPERTY WEST, LLC Principal Place of Business Mailing Address 311 BRAZILIAN AVE P.O. BOX 936 PALM BEACH, FL 33480 PALM BEACH, FL 33480 03112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0410530 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. DO NOT WRITE ONE N CLEMATIS ST, STE 400 WEST PALM BEACH, FL 33401 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, typed of printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) UOD0003224<u>4</u>9 Filing Fee is \$50.00 Due by May 1, 2005 ′22/05-80005-022 50.ON 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME DEZIEL, ROBERT E STREET ADDRESS 311 BRAZILIAN AVENUE CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-51-212

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

5613460105

FILED