

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-08-2005 90026 035 ****50.00

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

DOCUMENT # L04000006024
 1. Entity Name
Two Oceans Realty LLC

DO NOT WRITE IN THIS SPACE

30002767

2. Principal Place of Business
14 Landings, Ocean Reef Club
 Suite, Apt. #, etc

3. Mailing Address
14 Landings
 Suite, Apt. #, etc.
Ocean Reef Club

DO NOT WRITE IN THIS SPACE

City & State
Key Largo, FL

City & State
Key Largo, FL

4. FEI Number
65-1214721

Applied For
 Not Applicable

Zip
33037

Country
USA

Zip
33037

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
James S. Watson

Street Address (P.O. Box Number is Not Acceptable)
14 Landings

Ocean Reef Club

City
Key Largo

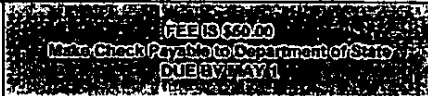
FL

Zip Code
33037

**DO NOT WRITE
 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 *James S. Watson* Member
 Signature, typed or printed name of registered agent and title if applicable. DATE *3/3/05*



| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|----------------|----------------|--|
| TITLE Member | PARTNER | TITLE | |
| NAME James S. Watson | | NAME | |
| STREET ADDRESS 14 Landings, Ocean Reef Club | | STREET ADDRESS | |
| CITY-ST-ZIP Key Largo, FL 33037 | | CITY-ST-ZIP | |
| TITLE Member | PARTNER | TITLE | |
| NAME William F. Langston | | NAME | |
| STREET ADDRESS 24 Dockside Lane, PMB 145 | | STREET ADDRESS | |
| CITY-ST-ZIP Key Largo, FL 33037 | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

CRS 03038 (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James S. Watson* Member
 Signature and typed or printed name of signing member, manager, or authorized representative. Date *3/3/05* 305-367-4465 Daytime Phone #