2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0400006024

1. Entity Name
TWO OCEANS REALTY, LLC



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business 14 LANDING KEY LARGO, FL 33037 Mailing Address

14 LANDING

KEY LARGO, FL 33037



ANG-2006

Daytime Phone #

01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1214721 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, JAMES S 14 LANDING KEY LARGO, FL 33037

SIGNATURE:

the obligations of registered agent.

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SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when rematating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, JAMES S 14 LANDINGS, OCEAN REEF CLUB KEY LARGO, FL 33037		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, WILLIAM F 24 DOCKSIDE LANE, PMB 145 KEY LARGO, FL 33037	01/17	0000384293 706-80007-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			200 ED JAN 1987
TITLE NAME STREET ADDRESS CITY-ST-ZIP			্ৰাজন কৰিছিল কৰিছেছ আন্ত্ৰীৰ কৰিছিল কৰিছেছে আন্ত্ৰীৰ কৰিছিল কৰিছিল আন্ত্ৰীৰ কৰিছিল কৰিছিল কৰিছিল আন্ত্ৰীৰ কৰিছিল কৰিছিল কৰিছিল আন্ত্ৰীৰ কৰিছিল কৰিছিল কৰিছিল আন্ত্ৰীৰ কৰিছিল কৰিছিল কৰিছিল কৰিছিল আন্ত্ৰীৰ কৰিছিল কৰ
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.			

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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