

Amended

2009 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

2009 APR 29 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400148294574
04/01/09--01036--003 **50.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000006024
1. Entity Name
Two Oceans Realty LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14 Landings, Ocean Reef Club		3. Mailing Address Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State	
Zip 33037	Country	Zip	Country

4. FEI Number 65-1214721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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. DATE _____



9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member James S Watson 14 Landings, Ocean Reef Club Key Largo, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member W. Fenton Langston 24 Dockside Lane Key Largo, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Roberta C Watson 24 Dockside Lane, PMB 445 Key Largo, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 James S Watson, Managing Mbr 3-22-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #