

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016852

FILED
May 01, 2005
Secretary of State

Entity Name: OCEANSIDE MORTGAGE SERVICES, LLC

Current Principal Place of Business:

5442 WOODLAND DRIVE
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

1345 CRYSTAL WAY SUITE A
DELRAY BEACH, FL 33444 US

Current Mailing Address:

5442 WOODLAND DRIVE
DELRAY BEACH, FL 33484 US

New Mailing Address:

1345 CRYSTAL WAY SUITE A
DELRAY BEACH, FL 33444 US

FEI Number: 20-0809665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWLES, JOHN W
5442 WOODLAND DRIVE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

BOWLES, JOHN W
1345 CRYSTAL WAY SUITE A
DELRAY BEACH, FL 33444 US

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.

SIGNATURE: JOHN BOWLES

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOWLES, JOHN W
Address: 5442 WOODLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWLES, JOHN W
Address: 1345 CRYSTAL WAY SUITE A
City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN BOWLES

MGRM

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date