2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L04000045261 1. Entity Name 05-02-2005 90112 014 ****50.00 OCEANSHORE 8, LLC Principal Place of Business Mailing Address 7 FERNWOOD TRAIL P.O. BOX 731822 **ORMOND BEACH FL 32174** ORMOND BEACH FL 32173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number City & State City & State Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD, SUSAN P Street Address (P.O. Box Number is Not Acceptable) 7 FERNWOOD TRAIL ORMOND BEACH EL 32174 City Zip Code FL 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. نَفِيهِ أَنْ SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM SUSAN P.M.D.nall TITLE Delete TITLE Change Audition NAME NAME Seven Fernwood TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ormind Beach, 12 32174 CITY-ST-ZIP Addition ☐ Change THILE ☐ Delete TITLE NAME NAME DAVID J. McDanels STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ornord Bouch, FL 32174 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRECS STREET ADUNESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Change

☐ Addition

FILED