2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053694

1. Entity Name
EAST OCEAN TITLE, LLC

Principal Place of Business	Mailing Address
2897 SE OCEAN BLVD. SECOND FLOOR STUART, FL 34996	2897 SE OCEAN BLVD. SECOND FLOOR STUART, FL 34996

DO NOT WRITE IN THIS SPACE

01152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1473437

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEELE, W. T
2897 SE OCEAN BOULEVARD
SECOND FLOOR
STUART, FL 34996

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEELE, W. T
STREET ADDRESS	2897 SE OCEAN BOULEVARD
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGR
NAME	STRACUZZI, PATRICK
STREET ADDRESS	2895 SE OCEAN BLVD., SUITE 100
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 1/17/06 772-781-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #