


FILED  
May 19, 2005 8:00 am  
Secretary of State

04-27-2005 90029 022 \*\*\*150.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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<b>DOCUMENT # L04000053936</b>			
1. Entity Name OCEAN SOUND TITLE, LLC			
Principal Place of Business 1355 ST. LAWRENCE ROAD PALM BEACH GARDENS, FL 33410 US		Mailing Address 1355 ST. LAWRENCE ROAD PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business 10800 N. Military Trail Suite, Apt. #, etc. Ste. 219 City & State Palm Beach Gardens, FL Zip 33410		3. Mailing Address 10800 N. Military Trail Suite, Apt. #, etc. Ste. 219 City & State Palm Beach Gardens, FL Zip 33410	
04212005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-1522755	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SINGER, MICHAEL S 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Michael J. Fairclough Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd., Ste. 112 City Palm Beach Gardens FL Zip Code 33410	
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 <i>M. J. Fairclough</i> DATE 4/21/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLIHAN, KATHY 1355 ST. LAWRENCE ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kathi E. Holahan 1355 St. Lawrence Drive Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE <i>Kathi E. Holahan</i> DATE 4/22/05 DAYTIME PHONE 561-296-4400			