

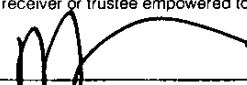


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90055 004 ****50.00

DOCUMENT # L04000082266 1. Entity Name OCEANSIDE CHAPTER, LLC			
Principal Place of Business ONE FINANCIAL PLAZA SUITE 2500 FT. LAUDERDALE, FL 33394		Mailing Address ONE FINANCIAL PLAZA SUITE 2500 FT. LAUDERDALE, FL 33394	
2. Principal Place of Business 1901 McKinley ST Suite, Apt. #, etc.		3. Mailing Address 1901 McKinley ST Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33020 Country		City & State Hollywood, FL Zip 33020 Country	
4. FEI Number 20-1873978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HUMBERT, DANIEL W ONE FINANCIAL PLAZA SUITE 2500 FT. LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name: HUMBERT, DANIEL W. Street Address (P.O. Box Number is Not Acceptable): 1901 McKinley ST City: Hollywood FL Zip Code: 33020	
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: 7/10/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: HUMBERT, DANIEL W STREET ADDRESS: ONE FINANCIAL PLAZA, SUITE 2500 CITY-ST-ZIP: FT. LAUDERDALE, FL 33394	<input type="checkbox"/> Delete	TITLE: MGRM NAME: HUMBERT, DANIEL W. STREET ADDRESS: 1901 McKinley ST. CITY-ST-ZIP: Hollywood, FL 33020	<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
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
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: 		DATE: 7/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 954-295-7545	