2006 LIMITED LIABILITY COMPANY

Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L04000089354 04-27-2006 90025 047 ****55.00 SEABOARD TITLE & ESCROW AGENCY, LLC Principal Place of Business Mailing Address 40037054 P.O. BOX 510747 9300 N. AIA SUITE 201 MELBOURNE BEACH, FL 32951-0747 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address 3265 Cardinal Suite, Apt. #, etc. 04232006 Chg-LLC CR2E083 (11/05) Suite City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip 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 Name MANNEY, KENNETH J Street Address (P.O. Box Number is Not Acceptable) **7020 SOUTH A1A** MELBOURNE BEACH, FL: 32951 City Zip Code 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 Signature, typed or printed name of registered agent and little ill applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change Addition MANNEY, KENNETH J NAME NAME 7020 SOUTH A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP TITLE ☐ Delete □ 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 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME ' NAME STREET ADDRESS STREET ADDRESS

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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.

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Daytime Phone #