

03-27-2007 90204 001 \*\*\*\*50.00

<b>DOCUMENT # L06000059870</b> 1. Entity Name <b>OCEAN VILLAGE GARAGE MANAGEMENT, LLC</b>		03-27-2007 90204 001 *****50.00	
Principal Place of Business <b>1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US</b>		Mailing Address <b>1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>1000 Market Street</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Portsmouth, NH</b> Zip                      Country <b>03801                      US</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483</b>		<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK T	NAME	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MICHAEL P	NAME	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM J	NAME	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADE, RICHARD C	NAME	
STREET ADDRESS	1000 MARKET STREET, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____	