

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90171 041 \*\*\*138.75

<b>DOCUMENT # L07000011981</b>													
<b>1. Entity Name</b> OZ TITLE, LLC													
<b>Principal Place of Business</b> 2001 PALM BEACH LAKES BLVD. SUITE 502C WEST PALM BEACH, FL 33409 US			<b>Mailing Address</b> 2001 PALM BEACH LAKES BLVD. SUITE 502C WEST PALM BEACH, FL 33409 US										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-6374857									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  CATALFAMO, EATON & DELISI, LLC 2000 PGA BLVD. SUITE 3206 PALM BEACH GARDENS, FL 33408		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">FL Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
<b>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.</b>													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZMENT, K. DRAKE 2001 PALM BEACH LAKES BLVD. #502C WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>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>													
<b>SIGNATURE:</b> _____		4-14-08 561689-6789											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #											

60025210



04062008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable