File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 24 PM 1:02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000631 1a. Principal Place of Business Address NEW EMERALD COAST TITLE COMPANY L.C. 1711 WORTHINGTON RD #202 1711 WORTHINGTON RD #202 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a, State of Formation 06/05/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0765234 Not Applicable 6. Certificate of Status Desired Ζip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Nama MIRKIN & WOOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members, I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers City, State and Zip Code 1711 WORRINGTO Rel # ADD WEST-FALM BEACH, PE 33409 MGR 500002503195--1 -04/28/98--01077--020 ****188.75 ****188.75 APR 2 7 1998

11. (Ib) 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

attachment with an address. SIGNATURE: