2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

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Entity Name: MSKP GALT OCEAN, LLC

Current Principal Place of Business:

4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 77-0665634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEER, GEORGE
4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BABCOCK FLORIDA COMPANY
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: CEO
Name: KITSON, SYDNEY W
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P
Name: MESSING, STEVEN
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP
Name: HOBAN, THOMAS M
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP
Name: VALLACE, TIMOTHY
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST
Name: SPEER, GEORGE G
Address: 4500 PGA BOULEVARD, SUITE 400
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: SYDNEY W. KITSON CEO 04/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date