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Secretary of State

01-20-2006 90052 033 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009215

1. Entity Name
PALM BEACH WEST INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
1829 PARK LN SOUTH STE # 1 JUPITER, FL 33458 US	1829 PARK LN SOUTH STE #1 JUPITER, FL 33458 US

01162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2410 S.W. Island Creek Trail	P.O. Box 759523
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, FL	City & State: Coral Springs, FL
Zip: 34990 Country: USA	Zip: 33075 Country: USA

4. FEI Number 74-3042588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, ROBERT W 1829 PARK LN SOUTH STE #1 JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) 2410 S.W. Island Creek Trail City Palm City FL Zip Code 34990

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 [signature] Robert W. Nelson, MGRM 1/16/06
Signature, typed or printed name of registered agent and title if 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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, ROBERT W 3131 MALLARD ROAD WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2410 S.W. Island Creek Trail Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZARGAN, MOHSEN 1829 PARK LN SOUTH STE # 1 JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] Robert W. Nelson 1/16/06 954-752-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #