

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028158

1. Entity Name
PALM BEACH LAKES, L.L.C.



Principal Place of Business
P.O. BOX 85
WEST PALM BEACH, FL 33402

Mailing Address
P.O. BOX 85
WEST PALM BEACH, FL 33402

FILED
Apr 23, 2007 08:00 AM
Secretary of State



03152007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
04-3719094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 E. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	JOHNSON, SCOTT A
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	KOENIG, PATRICK C
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000724204
05/02/07-80099-017 50.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #