


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 004 ****50.00

DOCUMENT # L03000049742


1. Entity Name
PALM BEACH CAPITAL CONSULTANTS LLC



Principal Place of Business 100 HARBOR WAY HOBE SOUND, FL 33455 US	Mailing Address 100 HARBOR WAY HOBE SOUND, FL 33455 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

20027023



03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0944413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RYAN & RYAN ATTORNEYS, P. A. 11891 U. S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name <i>WHWW, INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>390 N. ORANGE AVENUE</i> <i>SUITE 1500</i> City <i>Orlando</i> FL Zip Code <i>32801</i>
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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 *By Deborah Fricke, VP.* *[Signature]* *4/3/06*
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 GELMAN, JEFFREY 100 HARBOR WAY HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* *Jeffrey Gelman* *3/28/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #