


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000018250**

1. Entity Name  
ACUSHNET AVENUE, LLC



Principal Place of Business  
711 SE ST. LUCIE BLVD.  
STUART, FL 34996

Mailing Address  
711 SE ST. LUCIE BLVD.  
STUART, FL 34996

**DO NOT WRITE IN THIS SPACE**



04112006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1361426

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KEMPE, JOSEPH C ESQ.  
C/O JOSEPH C. KEMPE, P.A.  
941 NORTH HIGHWAY A1A  
JUPITER, FL 33477

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REGO HOLDINGS LIMITED PARTNERSHIP 711 SE ST. LUCIE BLVD. STUART, FL 34996
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05/10/06-80058-012 50.00

**DO NOT WRITE 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: Sandra J. Reed Date: 4-27-06 Daytime Phone #: 772-463-2717

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