


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90037 019 \*\*\*\*50.00

DOCUMENT # L05000028927

1. Entity Name  
**STUART KANNER 1, LLC**



Principal Place of Business  
~~1500 LATHAM ROAD, NO. 7~~ **2257 Vista Pkwy**  
~~WEST PALM BEACH, FL 33409 #17~~ **33411**

Mailing Address  
~~1500 LATHAM ROAD, NO. 7 #17~~ **2257 Vista Pkwy**  
~~WEST PALM BEACH, FL 33409~~ **33411**



2. Principal Place of Business  
**2257 VISTA PARKWAY**

3. Mailing Address  
**2257 VISTA PARKWAY**

Suite, Apt. #, etc.  
**17**

04252006 Chg-LLC CR2E083 (11/05)

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33411**

Country  
**US**

4. FEI Number  
**32-0147940**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JACOBSON, ANDREW M**  
**712 U.S. HIGHWAY ONE, SUITE 400**  
**NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCRANERY, STEVEN E <del>1500 LATHAM ROAD, NO. 7</del> <b>2257 Vista Pkwy</b> <del>WEST PALM BEACH, FL 33409 #17</del> <b>33411</b>	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
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
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
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
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

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: *Steven E Mccranery* **Controller** 4/26/06 561-478-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #