


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000002291**

1. Entity Name  
 INVERRARY PLAZA WEST, L.C.



Principal Place of Business 7806 CHARNEY LANE BOCA RATON, FL 33496	Mailing Address 7806 CHARNEY LANE BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0872414	Applied For Not Applicable
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3. Certificate of Status Desired  \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

SUSI, SAMUEL  
 7806 CHARNEY LANE  
 BOCA RATON, FL 33496

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSI, SAMUEL 7806 CHARNEY LN BOCA RATON, FL 33496
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01/23/06-80016-022 50.00

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: *Susi Samuel* 1/12/06 561-783-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #