


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 008 ****50.00

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| DOCUMENT # L02000026978 | | | |  | |
| 1. Entity Name 2655 PROPERTIES, LLC | | | | | |
| Principal Place of Business 2655 N. OCEAN BLVD SUITE 310 WEST PALM BEACH, FL 33404 US | | | Mailing Address 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 2655 N Ocean Blvd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 310 | | | |
| City & State | | City & State West Palm Bch FL | | | |
| Zip | Country | Zip | Country | 33404 USA | |
| 6. Name and Address of Current Registered Agent DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406 | | | 7. Name and Address of New Registered Agent Name: George W. Heaton Street Address (P.O. Box Number is Not Acceptable): 2655 N. Ocean Dr # 310 City: Singer Island FL Zip Code: 33404 | | |
| 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: <i>George W. Heaton</i> DATE: 3/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEATON, GEORGE W 2655 N OCEAN BLVD #400 WEST PALM BEACH, FL 33404 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Heaton, George W 2655 N. Ocean Dr # 310 Singer Island, FL 33404 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DENTRY, DEBORAH 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change 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: <i>Deborah A Dentry</i> | | | Date: 3/17/07 Daytime Phone #: 5614334810 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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4. FEI Number 20-0043587 Applied For Not Applicable

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