## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L04000083635

1. Entity Name

**SIGNATURE:** 



FILED Apr 19, 2007 08:00 A Secretary of State

QUARTERDECK NORTH PALM BEACH, LLC						K.	seci eta	агу О	1 Stat
Principal Plac	ce of Business	Mailing Address		And the state of t	1	* * *			
1015 SE 16TH STREET		1015 SE 16TH STR	PEFT						
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 33316		-					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			###### ### ##### ##### ##### #########	.3)))	Mile Buile mile e	
Suite, Apt. #, otc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		- 1s	t MOORE	CR2E083	(10/06)	
City & State		City & State	City & State		4. FEI Numb	20-19009	17		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificato	of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	t Registered Agent		<u> </u>	7. Name and	d Address of New		<u>`</u>	
				Name					
FLA 101 FO	ANIGAN, PAUL B 15 SE 16TH STREET RT LAUDERDALE FL 33316	<u></u>	, <u>11,</u> 12		Street Address (P.O. Box Number is Not Acceptable)				
	II ENODERDALL I E 600 (0	,					FL	Zip Code	е
4 The above	at a set of a set of the set of t			City					
the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing	j its registere	ed office or register	ed agent, or bo	th, in the State of F	Florida. I am ia	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	it and title if applicable (1	NOTE. Registere	ad Agent signature required	t when reinstating)		DATE		
		Make Check Pay	able to Flo	FEE IS \$50,00 orlda Departmer ay 1, 2007	nt of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITION	S/CHANGES		
IIILE	MGRM	☐ Delete	TITLE	E			7.2	Change	Addition
NAME	FLANIGAN, PAUL B		NAM	i l					
STREET ADDRESS CITY-ST-ZIP	1015 SE 16TH STREET			FET ADDRESS '-ST-ZIP					
	FORT LAUDERDALE FL 33316					· · · · · · · · · · · · · · · · · · ·		C change	
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CITY ST-ZIP			CITY	'-ST-ZIP					
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CITY ST- ZIP				-ST-ZIP					
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NAME			NAMI	Æ				_	_
STREET ADDRESS				ETADDRESS					
CITY-ST-ZIP				-SI-ZIP					
<ol> <li>I horeby of indicated limited lia</li> </ol>	certify that the information supplied will not his report is true and accurate an ability company or the receivey or the	h this filing does not qualified that my signature shall hose empowered to execute	ify for the ex have the sar this report a	cemptions contained mo legal effect as if as required by Char	d in Section 119 1 made under o otor 608, Florida	<ol> <li>Florida Statutes.</li> <li>Ath; that I am a m</li> <li>Statutes.</li> </ol>	. I further certif lanaging memi	ly that the ir ber or mana	nformation ager of the

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #