2006 LIMITED LIABILITY COMPANY

Jan 12, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L00000011049** 01-12-2006 90034 015 ****55.00 1. Entity Name COBBLESTONE YARD LLC Principal Place of Business Mailing Address ~ v v v v ~ v u % RICHARD H. REVENTLOW P.O. BOX 2154 201 BERMUDA LANE PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Cha-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> Atterbury, William W III, Esq</u> ATTERBURY, WILLIAM WIII ESQ Street Address (P.O. Box Number Is Not Acceptable) 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480 340 Royal Poinciana Way. Suite 321 Zip Code 33480 Palm Beach 6. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME REVENTLOW, RICHARD H NAME STREET ADDRESS 201 BERMUDA LANE STREET ADDRESS CITY-ST-7IP PALM BEACH, FL 33480 CITY-ST-7IP Delete Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠTF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7P ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 affect 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Richard H Reventlow

STREET ADDRESS

CITY-ST-ZIP

JAN 0 9 2006 (561) 841-9121

FILED