

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000061

1. Entity Name
2620 FOREST HILL, LLC



Principal Place of Business
505 SOUTH FLAGLER, SUITE 1010
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER, SUITE 1010
WEST PALM BEACH, FL 33401



02172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1063524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 SOUTH FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH, FL 33401

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	KOENIG, PATRICK C
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000509563^M
04/28/06-80047-024 50.00^M

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-3-06

Date

561-655-7200

Daytime Phone #