

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90132 028 ****50.00

DOCUMENT # L01000001131

1. Entity Name

FRANKEL/PAONE HOMES, L.C.



Principal Place of Business

200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477

Mailing Address

200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477



2. Principal Place of Business

3. Mailing Address

3801 PGA BLVD.

3801 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 107

SUITE 107

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

33410

USA

33410

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-1077845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFKOWITZ HYMAN, SHERRY
200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477

Name

(SAME)

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA BLVD.

SUITE 107

City

PALM BEACH GARDENS, FL

Zip Code

33410

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 reestablishing)

DATE

2-2-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRANKEL ENTERPRISES, L.C.
200 ADMIRALS COVE BLVD., #417
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3801 PGA BLVD.-SUITE 107
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-2-06 561-744-1033

Date

Daytime Phone #