

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90291 019 \*\*\*\*50.00

40013033



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
65-1112865

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WIENER, DAVID J  
ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH, FL 33401

## 7. Name and Address of New Registered Agent

Name **Brian D. Kosoy**  
Street Address (P.O. Box Number is Not Acceptable)  
**One N. Clematis Street**  
**Suite 305**  
City **West Palm Beach** FL **33401**

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PRESTON, JOHN W.S.  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR ☐ Delete  
NAME KOSOY, DAVID  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR ☐ Delete  
NAME HAMILTON, TOM  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR ☐ Delete  
NAME KOSOY, BRIAN  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/21/06

561.835.1810