

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90077 023 \*\*\*\*50.00

**DOCUMENT # L01000005627**

1. Entity Name

ROYAL PALM INVESTMENT GROUP, LLC



Principal Place of Business

5601 N DIXIE HWY  
SUITE 306  
FT LAUDERDALE, FL 33334

Mailing Address

5601 N DIXIE HWY  
SUITE 306  
FT LAUDERDALE, FL 33334

**DO NOT WRITE IN THIS SPACE**



04132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1108240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SACKEL, STEPHEN G  
5601 N DIXIE HWY  
SUITE 306  
FT LAUDERDALE, FL 33334

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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 MGRM  
NAME SACKEL, STEPHEN G  
STREET ADDRESS 5601 N DIXIE HWY  
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE MGRM  
NAME QUENTZEL, PAUL S  
STREET ADDRESS 5601 N DIXIE HWY  
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE MGRM  
NAME SONDERLING, HOWARD R  
STREET ADDRESS 5601 DIXIE HWY  
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

✓ 4/25/06 954491-3301