

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 FEB 24 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1863268 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER, P.A.
11780 U.S. HIGHWAY #1
SUITE 300
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Street Address Corporation Service Company
City 1201 Hays Street
Tallahassee, FL 32301

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 Maureen Cullen, Maureen Cullen ASSTV.P. DATE 2/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FENTON, IRA C	
STREET ADDRESS	2000 PGA BOULEVARD, STE 2202	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000066597000
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: /s/Ira C. Fenton

Ira C. Fenton

3/15/06

561-630-5116

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L01000007245

ACCOUNT NO. : 072100000032

REFERENCE : 883080 7389741

AUTHORIZATION

COST LIMIT

[Signature]
\$50.00

ORDER DATE : February 22, 2006

ORDER TIME : 2:30 PM

ORDER NO. : 883080-010

CUSTOMER NO: 7389741

[Signature]

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: JUNO PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY

RECEIVED
06 FEB 24 PM 4:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____