## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # L01000008495  1. Entity Name					02-21-2006 90177 029 ****50.00			
5900 AUSTRALIAN AVENUE, LLC								
Principal Place of Business Mailing Address					1			
5409 AUSTR	ALIAN AVENUE	5409 AUSTRALIAN AVENUE					• • •	
WEST PALM!	BEACH, FL 33407 US	WEST PALM BEACH, FL 33407 US						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102006	Chg-LLC	CR2E083 (11/05)	
City & State	e	City & State			4. FEI Numb		<del></del>	plied For t Applicable
Zip	Country	Zip Cou		у	5. Certificate of Status Desired \$5.00 Additional Fee Required			
			<del></del>		7 Name and	1 Address of New E		·- ·-
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name								
MONCHICK, MICHAEL J				Monchick, Michael J.				
1803 AUSTRALIAN AVENUE, SUITE D				Street Address (P.O. Box Number is Not Acceptable) 123 Vizcaya Estates Drive				
WESTPAI	LM BEACH, FL 33409							
				City			Zip Code	<del></del>
Palm F					each Ga	ardens	<b>' -</b>   334	18
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								
	•		· .	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-		
Filing Fee is \$50.00 Due by May 1, 2006			•	i			te check payable to a Department of State	
Due by may 1, 2000					• ••		a department or dutt	-
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGRM	Delete II					☐ Change	☐ Addition
NAME STREET ADDRESS	HARKINS, GLENN B JR. 114 FOREST HILL BLVD		NAME	T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-S	(				•
TITLE	MGRM Delete		TITLE				☐ Change	Addition
NAME	GERLACH, C.W.		NAME	<b>I</b>				
STREET ADDRESS	5409 AUSTRALIAN AVE			T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			ST-ZIP				
NAME	MGRM Delete		TITLE	ł	. ~		☐ Change	Addition
STREET ADDRESS	2626 ELECTRONICS WAY			T ADD <del>R</del> ESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	MGRM	Delete	TITLE				<b>X</b> Change	☐ Addition
NAME STREET ADDRESS	MONCHICK, MICHAEL J	WILE CHITE D	NAME	i i	2 Wi	B-+-1	D	
CITY-ST-ZIP	1803 SOUTH AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409			,	3 Vizcaya Estates Drive Lm Beach Gardens, FL 33418			
TITLE		☐ Delete	TITLE	- 1 4	III DCUC	in ourden	☐ Change	Addition
NAME			NAME				Ghange	
STREET ADDRESS	<u>:</u>	- J		TADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP		·	· · · <u>-     .                                 </u>	<u></u>
TITLE	***	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				T ADDRESS		•	14 75 14 3	
CITY-ST-ZIP			спу-я	ST-ZIP	**	• • • •	•	
11. I hereby	certify that the information supplied with	this filing does not qualify for	r the exem	ptions contained	I in Chapter 119	, Florida Statutes. I f	urther certify that the info	rmation
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

SIGNATURE: Michael J. Monchick
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE