


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-21-2006 90179 030 ****50.00

| | |
|---|---|
| DOCUMENT # L01000013713 |  |
| 1. Entity Name SATTER HOLDINGS, LLC | |

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|--|--|
| Principal Place of Business 100 SOUTH OLIVE AVE WEST PALM BEACH FL 33401 | Mailing Address P.O. BOX 1592 WEST PALM BEACH FL 33402 |
|--|--|



| | |
|--|---------------------|
| Principal Place of Business <i>Post Office Box 1592</i> | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/05)

| | |
|---|-----------------------|
| City & State <i>West Palm Beach FL</i> | City & State |
| Zip <i>33402</i> | Country <i>USA</i> |

| | |
|------------------------------------|--|
| 4. FEI Number 59-1101962 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SATTER, JONATHAN R 100 SOUTH OLIVE AVE WEST PALM BEACH FL 33401 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS / MANAGERS | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SATTER, JONATHAN R 100 SOUTH OLIVER AVE WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Satter, Jonathan R. P.O. Box 1625 West Palm Beach FL 33402 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jonathan R. Satter* 2-10-06 (561) 659-1800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #