2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L01000013900

1. Entity Name

TOWN E, LLC

Principal Place of Business

Mailing Address

500 South Australian Ave.

Suite 710

West Palm Beach, FL 33401

500 South Australian Ave.

Suite 710

West Palm Beach, FL 33401

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAY - 3 PM 12: 67



04192006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number Not Applicable 656211119 \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

James J. Wheeler, P.A. 7777 Glades Road, Suite 300 Boca Raton, FL 33434

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of changing its rathe obligations of registered agent. | registered office or registere | d agent, or both, in the State of Florida | . I am familiar with, and accept |
|-----------|--|--|---|----------------------------------|
| SIGNATURE | | | | |
| | Signature, typed or printed name of registered agent and title if applicable. {NOTE: | E: Registered Agent signature required w | rhen reinstating) | DATE |

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

| 9. | MANAGING MEMBERS/MANAGERS | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Kahlert, Herbert F. 500 S. Australian Ave Suite 710 West Palm Beach, FL. 33401 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| MAME STREET ADDRESS CITY_ST_7IP | | | |

300074668543 05/16/06--01036--017 **55.00

DO NOT WRITE IN THIS SPACE

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: X__ <u>Herbert F. Kahlert</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 20, <u>2006 (561)689-3738</u>