## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Mar 18, 2005 8:00 am **Secretary of State** DOCUMENT # L01000017149 1. Entity Name ,i 03-18-2005 90380 021 \*\*\*\*50.00 MONTEREY REAL ESTATE, LLC Mailing Address Principal Place of Business 1515 N. FLAGLER DRIVE STE.500 1515 N. FLAGLER DRIVE STE.500 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 1050 SE 1050 SE MONTEREY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE SU (77 SUITE Applied For City & State City & State 4. FEI Number 59-3749990 ST-UART STUBRI Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 35 US US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES FOSTER SERVICE, LLC Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DRIVE **SUITE 1100** WEST PALM BEACH FL 33401 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Addition TITLE Delete DAUBERT, JACK M.D. NAME 5€ STREET ADDRESS 1515 N. FLAGLER DRIVE STE, 500 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Change ☐ Addition MGRM Delete TITLE TITLE NAME NAME DIAZ, RALPH O.D. 1515 N. FLAGLER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TETLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

Date