2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000017460 1. Entity Name LOVE LANTANA POINT LLC					Apr 04, 2006 08:00 AM Secretary of State				
Principal Place of Business 250 WORTH AVE. PALM BEACH FL 33480		Mailing Address P.O. BOX 2528 PALM BEACH FL 33480							
2. Principal Place of Business		3. Mailing Address			! !!		LB()(; BB()B) ((B))	(BB)(B)(B) 8/5/5/8/8/5	BB1 151 19193
Suite, Apt. If, etc.		Surte, Apt, II, etc.			1	st MOORE	CR2E083	1 (10/05)	
City & State		City & State			4. FEI Num	ber 65-1152414		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	,	5. Certifica	te of Status Desired		\$5.00 Add Fee Required	itional
	6. Name and Address of Current f	Registered Agent		blama	7. Name ar	nd Address of New R	egistered		
HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH FL 33480			-	Name Street Address (P.O. Box Nun	ber is Not Acceptable		Z _i p Code	-
	named entity submits this statement for tions of registered agent.	the purpose of changing it	ts registered	office or register	ed agent, or t	ooth, in the State of Flo	nda. I am	familiar with,	and accept
SIGNATURE	Signature typed or printed permany registered agent a	nd tried applicable (NC	DIE Hegistered A	gent signature required	l when remalating)		PAIL		<u> </u>
•		FILE Make Check Paya	NOW!!! FE	E IS \$50.00 ida Departme		-			
9.	MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	10.			ADDITIONS	CHANGE	· <u>·</u> · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH FL 33480	Oerete	IITLE MANE STREET CITY-S	ADDRESS T- Zip				Change	∏ ¥úq4jon
TIPLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Dyle Name Street Chy-5	ADORESS'		U0000049 04/19/06-80	1765 036-08	Change 39 50.00	Addition
Title NAME Street Audress City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS I-ZK'				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE MAME STREET CITY-S	ADORESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Dolete	TITLE MAME STREET CITY-S	ADORESS T-ZIP				☐ Change	☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE MAME STREET CITY-S	ADDRESS T-187				☐ Change	Addition
indicated	certify that the information supplied with f on this report is true and accurate and ability company or the receiver or truster	that my signature shall ha	eve the same	e legal effect as i	i made under	oath; that I am a mar	turther ce laging me	rtify that the ir mber or mana	iformation iger of the

Tean Handelsman

SIGNATURE: