

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020104

1. Entity Name
FORIERE PROPERTIES, L.C.



Principal Place of Business
**FORIERE PROPERTIES
P.O. BOX 210162
ROYAL PALM BEACH, FL 33421**

Mailing Address
**FORIERE, ROBERTO
1823 WALDORF DR
ROYAL PALM BEACH, FL 33411**



05162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-1155357

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**FORIERE, GRETA
1823 WALDORF DR
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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

Robert Foriere

Conte Foriere

5-17-06

Signature (typed or printed name of registered agent, and this if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FORIERE, ROBERTO 1823 WALDORF DR ROYAL PALM BEACH, FL 33411
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000565920
05/23/06 80005-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Robert Foriere

5-17-06 561-7925893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

FEILING NUMBER