


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022547**

1. Entity Name  
**WEST PALM BEACH APARTMENTS, EAST, L.C.**



Principal Place of Business      Mailing Address

**18789 SOUTHEAST WINDWARD ISLAND LANE**      **P.O. BOX 30247**  
**JUPITER, FL 33458**      **WEST PALM BEACH, FL 33420**

**DO NOT WRITE IN THIS SPACE**



01172007No Chg-LLC      CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>90-0000924</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**FORIERE, AMERIGO**  
**18789 SOUTHEAST WINDWARD ISLAND LANE**  
**JUPITER, FL 33458**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

00000593699  
01/22/07-80041-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>FORIERE, AMERIGO</b><br><b>18789 SOUTHEAST WINDWARD ISLAND LANE</b><br><b>JUPITER, FL 33458</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>FORIERE, JANICE</b><br><b>18789 SOUTHEAST WINDWARD ISLAND LANE</b><br><b>JUPITER, FL 33458</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 608, Florida Statutes.

**SIGNATURE:** *Janice Foriere*      1/17/07      501-502-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #