2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005765

1. Entity Name
721 U.S. HWY 1, L.L.C.

Principal Place of Business	Mailing Address
721 U.S. HWY 1, #215 NORTH PALM BEACH, FL 33408	721 U.S. HWY 1, #215 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0680824
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WANTLAND, CALVIN A
721 U.S. HWY 1, #215
NORTH PALM BEACH, FL 33408

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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, 2006

U00000387452
01/19/06-80039-015 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCNEER, WILLIAM P III
STREET ADDRESS	721 U.S. HWY 1, #215
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	WANTLAND, CALVIN A
STREET ADDRESS	721 U.S. HWY 1, #215
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 1/12/06 561-881-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #