

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 020 \*\*\*138.75

60013057



02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number **82-0548472** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JUHNSM, SCOTT A  
505 SOUTH FLAGER DRIVE  
STE. 1010  
WEST PALM BEACH, FL 33901

## 7. Name and Address of New Registered Agent

Name **Johnson, Scott A.**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 DATE **02/09/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, RICHARD S JR**  
STREET ADDRESS **P.O. BOX 85**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33402**

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, SCOTT A**  
STREET ADDRESS **P.O. BOX 85**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33402**

TITLE **MGR** ☐ Delete  
NAME **KOENIG, PATRICK C**  
STREET ADDRESS **P.O. BOX 85**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33402**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date **2/29/08** Daytime Phone #