
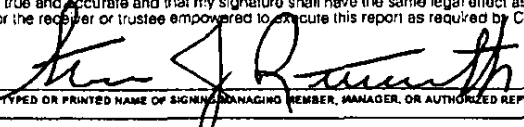


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

8/

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 008 \*\*\*\*50.00

DOCUMENT # L02000015142					
1. Entity Name <b>PALM BEACH LAND, LLC</b>					
Principal Place of Business <b>1360 N.W. 33RD STREET POMPAN0 BEACH, FL 33064</b>			Mailing Address <b>1360 N.W. 33RD STREET POMPAN0 BEACH, FL 33064</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RETTERRATH, STEVEN</b> <b>1360 NW 33RD STREET</b> <b>POMPAN0 BEACH, FL 33064</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>1241 Royal Palm Way</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2006</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M President</b> <b>RETTERRATH, STEVEN</b> <b>1488 THATCH PALM</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1241 Royal Palm Way</b> <b>Boca Raton, FL 33432</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**30013121**



08012006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-0318551** Applied For ☐ Not Applicable ☐

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