

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019461

FILED
Apr 29, 2006
Secretary of State

Entity Name: SECKELPEAR HOLDINGS, LLC

Current Principal Place of Business:

12159 NW 77TH MANOR
PARKLAND, FL 33076

New Principal Place of Business:

5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 US

Current Mailing Address:

12159 NW 77TH MANOR
PARKLAND, FL 33076

New Mailing Address:

5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 US

FEI Number: 14-1842774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GORZECK, RANA M
Address: 2500 N. MILITARY TRAIL, SUITE 480
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: MARGOLIS, DENNIS W
Address: 5670 NW 125 TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORZECK, RANA M
Address: 5355 TOWN CENTER ROAD SUITE 900
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGR (X) Change () Addition
Name: MARGOLIS, DENNIS W
Address: 5670 NW 125 TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANA M/ GORZECK

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date