
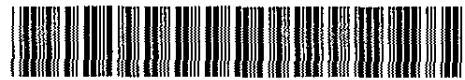


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024871 1. Entity Name 155 AMADEUS, LLC	
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Principal Place of Business 58 MARINA GARDENS DRIVE PALM BEACH GARDENS FL 33410	Mailing Address C/O PEBWORTH PROPERTIES INC 125 W INDIANTOWN RD STE. 204 JUPITER FL 33458
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent HAMBY, LOUIS L III, ESQ ALLEY, MAASS, ROGERS & LINDSAY 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH FL 33480

7. Name and Address of New Registered Agent Name _____ 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.

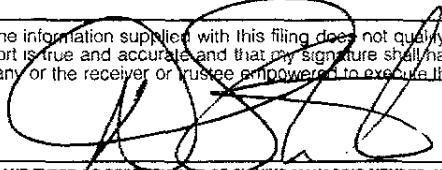
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE: PVST <input type="checkbox"/> Delete NAME: FRANK, ROBERT L STREET ADDRESS: 58 MARINA GARDENS DRIVE CITY-ST-ZIP: PALM BEACH GARDENS FL 33410	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	1000000423487 02/18/06-80009-022 50.00
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add 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 Section 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: 	Date: 2/2/06	Daytime Phone #: 5617455660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		