

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 008 ****50.00

DOCUMENT # L02000026978	
1. Entity Name 2655 PROPERTIES, LLC	

Principal Place of Business 2655 N. OCEAN BLVD SUITE 310 WEST PALM BEACH, FL 33404 US	Mailing Address 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2655 N Ocean Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 310
City & State	City & State West Palm Bch FL
Zip	Zip 33404
Country	Country USA

60025555

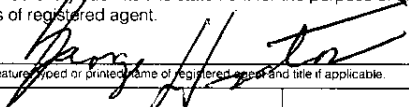


03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0043587	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406	7. Name and Address of New Registered Agent Name: George W. Heaton Street Address (P.O. Box Number is Not Acceptable): 2655 N. Ocean Dr # 310 City: Singer Island FL Zip Code: 33404
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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: 3/17/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 2655 N OCEAN BLVD #400 WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heaton, George W 2655 N. Ocean Dr # 310 Singer Island, FL 33404 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENTRY, DEBORAH 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE: 3/17/07	DAYTIME PHONE #: 5614334810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		