

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 040 ****50.00

600J4083



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
45-1566008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DESANTIS, GASKILL, SMITH & SHENKMAN, P.A.
ATTN: ROBERT C. HACKNEY, ESQ.
11891 US HIGHWAY 1, STE. 100
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name Robert C. Hackney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Moyle Flanigan et al.
625 N. Flagler Dr - 9th Floor
City West Palm Bch FL Zip Code 33401

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 Robert C. Hackney DATE 4/5/07

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRD ☐ Delete
NAME CARUSO, DENNIS J
STREET ADDRESS 990 STINSON WAY STE 201
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE MGR ☐ Delete
NAME BOYD, ALBERT
STREET ADDRESS 990 STINSON WAY STE 201
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
NAME
STREET ADDRESS 12008 South Shore Blvd. Ste 107
CITY-ST-ZIP Wellington, FL 33414

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

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

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

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: Robert C. Hackney DATE 4/5/07 DAYTIME PHONE # 561-776-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #