

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90054 015 ****50.00

DOCUMENT # L02000032494

1. Entity Name
PALM BEACH PROPERTY GROUP, LLC



Principal Place of Business
**560 VILLAGE BLVD
270
WEST PALM BEACH, FL 33409**

Mailing Address
**265 SUNRISE AVENUE STE. 204
PALM BEACH, FL 33480**

20040212



2. Principal Place of Business
**560 Village Blvd.
Suite, Apt. #, etc.
STE 120**

3. Mailing Address
**560 Village Blvd.
Suite, Apt. #, etc.
STE 120**

04262006 Chg-LLC CR2E083 (11/05)

City & State
West Palm Beach FL
Zip **33409** Country

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West Palm Beach, FL
Zip **33409** Country

4. FEI Number
04-3730911
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUDDY, CHRISTOPHER
560 VILLAGE BLVD, STE 270 e 120
WEST PALM BEACH, FL 33409**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME RUDDY, CHRISTOPHER	
STREET ADDRESS 265 SUNRISE AVENUE, SUITE 204 e	
CITY-ST-ZIP PALM BEACH, FL 33480 e	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ruddy, Christopher	
STREET ADDRESS 560 Village Blvd. STE 120	
CITY-ST-ZIP West Palm Beach, FL 33409-49	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/2006 **561 686 1145**

Daytime Phone #