2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90061 050 ****50.00

DOCUMENT # L02000034520

1. Entity Name
103 NORTHEAST 14TH AVENUE, LLC

Principal Place of Business	Mailing Address
~~332 S. COUNTY ROAD~~ 332 SOUTH COUNTY ROAD	~~332 S. COUNTY ROAD~~ 332 SOUTH COUNTY ROAD
PALM BEACH, FL 33480	PALM BEACH, FL 33480
Address In Full Please	Address In Full Please

03302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
332 SOUTH COUNTY ROAD		332 SOUTH COUNTY ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 55-0813377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODDY, ROBERT ANDREW	Name
~~332 S. COUNTY ROAD~~ 332 SOUTH COUNTY ROAD	Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH, FL 33480	
Address In Full Please	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006		**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODDY, ROBERT A		NAME		
STREET ADDRESS	332 SOUTH COUNTY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 A. Roddy 3/31/06 561-632-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #