

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 16 AM 10:44

DOCUMENT # L02000034780

1. Entity Name
FI-PALM BEACHES, LLC



Principal Place of Business
100 2ND AVE S STE 901 SOUTH
ST. PETERSBURG, FL 33701

Mailing Address
100 2ND AVE S STE 901 SOUTH
ST. PETERSBURG, FL 33701

2. Principal Place of Business
301 NORTH POINTE PARKWAY

3. Mailing Address



05022006 Chg-LLC CR2E083 (11/05)

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number
32-0051438

Applied For
Not Applicable

Zip
33407

County
PALM BEACH

Zip

Country

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

6. Name and Address of Current Registered Agent

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MADONNA, HARRY DILLON
STREET ADDRESS P.O. BOX 10867
CITY-ST-ZIP ST PETERBURG, FL 337330867

TITLE MGR ☒ Delete
NAME GALLAHER, RHONDA
STREET ADDRESS 109 ANTES LANE
CITY-ST-ZIP GRAMPIAN, PA 16838

TITLE MGR ☒ Delete
NAME WYATT, DEE
STREET ADDRESS 724 N. GOVERNORS AVENUE
CITY-ST-ZIP DOVER, DE 199047238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME MADONNA HARRY DILLON
STREET ADDRESS 360 CENTRAL AVE., STE 1550
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGR ☐ Change ☒ Addition
NAME MEMBER
STREET ADDRESS 301 NORTH POINTE PARKWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE MGR ☐ Change ☒ Addition
NAME MEMBER
STREET ADDRESS 301 NORTH POINTE PARKWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33407

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

TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

HARRY DILLON MADONNA 5/9/06 727-824-8800