


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-20-2007 90140 003 ****50.00

DOCUMENT # L02000034911

1. Entity Name
 399 WEST PALMETTO PARK ASSOCIATES, L.L.C.

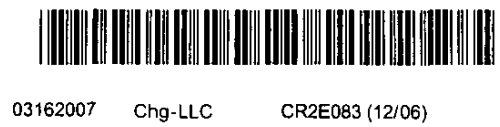


Principal Place of Business Mailing Address
 399 W PALMETTO PRK RD STE 100 399 W PALMETTO PRK RD STE 100
 BOCA RATON, FL 33432 BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 399 W. Palmetto Park Rd. 399 W. Palmetto Park Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 200 Suite 200

City & State City & State
 Boca Raton FL Boca Raton FL

Zip Country Zip Country
 33432 USA 33432 USA



6. Name and Address of Current Registered Agent
 KENNEDY, BEN S JR
 399 WEST PALMETTO PARK ROAD #106
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name: SAME
 Street Address (P.O. Box Number is Not Acceptable): NEW Ste. 200
 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]* DATE: 3/16/07

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, BEN	NAME	
STREET ADDRESS	1447 FAN PALM ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: 3-16-07 Daytime Phone #: (561) 750-8533

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