

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 049 ****50.00

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1. Entity Name
523 OGSTON STREET, LLC



Principal Place of Business
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

Mailing Address
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539



01262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-8720803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNED, WILLIAM H JR
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SNED, WILLIAM H JR
STREET ADDRESS 3030 S. DIXIE HWY., STE. 5
CITY-ST-ZIP WEST PALM BEACH, FL 334051539

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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: _____

William H. Sned, Jr.

2/27/06

561/655-8631

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

Date

Daytime Phone #