

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021544

1. Entity Name
PALM BEACH POINTE, LLC



Principal Place of Business
1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 12563
TALLAHASSEE, FL 32317

BK

FILED

2006 APR 24 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FL



04192006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
81-0617519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, BRENDA D
1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DICKINSON, BRENDA D
1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317

TITLE
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04/27/06--01003--009 **50.00

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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: *Brenda D Dickinson*

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

4-24-06

Date

850-877-3494

Daytime Phone #