

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90076 039 \*\*\*\*50.00

DOCUMENT # L03000024363

1. Entity Name  
NCRE HOLDINGS, LLC



Principal Place of Business  
4512 NORTH FLAGLER DRIVE  
#201  
WEST PALM BEACH, FL 33407

Mailing Address  
4512 NORTH FLAGLER DRIVE  
#201  
WEST PALM BEACH, FL 33407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

80-0069926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAY, MARK R  
4512 NORTH FLAGLER DRIVE  
#201  
WEST PALM BEACH, FL 33407

Name *Hillary Harrison Golden, Esq.*  
Street Address (P.O. Box Number is Not Acceptable)

*4512 N. Flagler Dr. Ste 201A*  
City *W. Palm Bch* FL *33407*

8. The above named entity certifies 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/29/06*  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KAROSAS, MICHAEL R  
4512 N. FLAGLER DRIVE #201  
WEST PALM BEACH, FL 33407 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MAY, MARK R  
4512 N. FLAGLER DRIVE #201  
WEST PALM BEACH, FL 33407 ☐ Delete

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

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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: *Mark May*

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

*3/29/06* (561) 835-1790  
Date Daytime Phone #