

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025741

1. Entity Name

FRUITVILLE ASSOCIATES, LLC



Principal Place of Business

580 VILLAGE BLVD., STE. 300
WEST PALM BEACH, FL 33409

Mailing Address

580 VILLAGE BLVD., STE. 300
WEST PALM BEACH, FL 33409



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0088912

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, STEWART F
580 VILLAGE BLVD., STE. 300
WEST PALM BEACH, FL 33409

**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**

000000543095
05/10/06-80126-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FRUITVILLE MANAGERS, LLC
STREET ADDRESS	580 VILLAGE BLVD., STE. 300
CITY- ST- ZIP	WEST PALM BEACH, FL 33409

TITLE	
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CITY- ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #