2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000028919

1. Entity Name 2617 PINEWOOD, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

2617 PINEWOOD AVE. WEST PALM BEACH, FL 33407 Mailing Address

2617 PINEWOOD AVE.

WEST PALM BEACH, FL 33407



04112006No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For

CR2E083 (11/05)

5. Certificate of Status Desired

4. FEI Number 56-2385004

> \$5.00 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

HENTSCHL, CHRISTIAN 2617 PINEWOOD AVE. WEST PALM BEACH, FL 33407

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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 reinstation)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENTSCHL, CHRISTIAN 163 HAMPTON CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYFIELD, MATHEW 129 GREGORY RD WEST PALM BEACH, FL 33405
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U00000538476 05/09/06-80053-023 50.00

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11. I hereby certify that the information supplied with this filing does not availify 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 at 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 empayared to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #