

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90144 045 ****50.00

DOCUMENT # L03000030377

1. Entity Name

SATTER DEWOODY INTERESTS, LLC



Principal Place of Business

100 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401
US

Mailing Address

POST OFFICE BOX 1625
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

Post Office Box 1625

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

Country

33402

USA

Zip

Country

54-2123506

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SATTER, JONATHAN R
STREET ADDRESS POST OFFICE BOX 1625
CITY-ST-ZIP WEST PALM BEACH FL 33402-1625

TITLE MGR
NAME DEWOODY, DONALD K JR.
STREET ADDRESS POST OFFICE BOX 1625
CITY-ST-ZIP WEST PALM BEACH FL 33402-1625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jonathan R. Satter

Date

Daytime Phone #

(561) 659-1800