

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031076

FILED  
Apr 01, 2006  
Secretary of State

Entity Name: 336 GREEN HERON WAY, LLC

**Current Principal Place of Business:**

8 WEST GATE BLVD.  
NEW CITY, NY 10956 US

**New Principal Place of Business:**

**Current Mailing Address:**

8 WEST GATE BLVD.  
NEW CITY, NY 10956 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDERS, ELAINE C MGRM  
115 EAGLE TREE TERRACE  
C/O RITZ CARLTON CLUB / JUPITER  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANDERS, ELAINE C MGRM  
Address: 8 WEST GATE BOULEVARD  
City-St-Zip: NEW CITY, NY 10956 US

Title: MGR ( ) Delete  
Name: SANDERS, ADAM D MGR  
Address: 8 WEST GATE BOULEVARD  
City-St-Zip: NEW CITY, NY 10956 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELAINE C. SANDERS                      MGMR                      04/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date