

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90005 034 ****50.00

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1. Entity Name
430 AUSTRALIAN AVENUE, LLC



Principal Place of Business
701 U.S. HIGHWAY ONE, STE. 402
NORTH PALM BEACH, FL 33408

Mailing Address
701 U.S. HIGHWAY ONE, STE. 402
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0399213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY, JOHN W
701 U.S. HIGHWAY ONE, STE. 402
NORTH PALM BEACH, FL 33408

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SLATON, GEORGE
430 AUSTRALIAN AVE.
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOGAN, SUZANNE S.
430 AUSTRALIAN AVE.
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SLATON, ROBERT
430 AUSTRALIAN AVE.
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGR
HOGAN, SUZANNE S.
430 AUSTRALIAN AVENUE
PALM BEACH,, FL 33480~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

3/29/06

Date

561 -
6554062

Daytime Phone #