2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # L03000049520** 03-16-2006 90033 017 ****50.00 PALM BEACH COMMERCIAL REAL ESTATE SERVICES Principal Place of Business Mailing Address 30003668 129 N FEDERAL HWY 13833 WELLINGTON TRACE E4 SUITE 206 WELLINGTON FL 33414 SUITE 203 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number **AP-PLIED FOR** Not Applicable Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDYN REALTY INC. Street Address (P.O. Box Number is Not Acceptable) 13833 WELLINGTON TRACE E4 SUITE 206 WELLINGTON FL 33414 City 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 Separation, typical or property represent superior and color of completely the complet (NOTE Registered Agent signature required which (minutering) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **W**Delete MGL DILE MGR TITLE ED mulli HAME JORDYN REALTY NAME 13833 wellingto Frace E4 #206 STREET ADDRESS 13833 WELLINGTON TRACE E4 #206 STREET ADDRESS CITY-51-71P **WELLINGTON FL 33414** CITY-ST-ZIP IITE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP RILE Detete TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chappe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify to 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 total effect as if made under onth; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this paper as required by Chapter 608, Florida Statutes.

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

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2006

PALM BEACH COMMERCIAL REAL ESTATE SERVICES LLC 13833 WELLINGTON TRACE E4 SUITE 206 WELLINGTON, FL 33414

Subject: PALM BEACH COMMERCIAL REAL ESTATE SERVICES LLC

Reference Number:

L03000049520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION



Form SS-4	SS-4 Application for Employer Identification Number					r Ein	
(Rev. December 2001) Department of the				urches,	s, 20-0675529		
Treesury Internal Revenue Service	b Comments bushessels and fine a bush of the comments of the c				OMB No. 1545-0003		
	lividual) for whom the EIN is being				UMID NO. 1		
Palm Beach Commercial !	Real Estate Services LLC			•	. ,		
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 13833 Wellington Trace E4 suite 206			5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code Wellington FL 33414 -			5b City, state, and ZIP code				
6° County and state where pri County Palm Beach St							
7a Name of principal officer, general pertner, grantor, owner, or trustor Jordyn Realty Inc			76 SSN ITIN EIN 65-0739426				
8a" Type of entity (check only	one)		(SSN of decedent)				
Sole Proprietor (SSN) Plan administrator (SSN)							
☐ Partnership ☐ Corporation (enter form number to be filed) ► ☐ National Guard ☐ State/local government							
Personal Service	itabet to be filed) =			State/local governm			
Church or church-controlled	d organization	REMIC		ndian tribal gove			
Other nonprofit organizatio	o (specify) 🖣		mption N0. (GEN) >	indian ribai gove	mmenventerpris	es	
Other (specify) FI Limit	led Liability	5. tap 2.10	inputit (to: (oz.))				
8b If a corporation, name the	state or foreign country	State					
(if applicable) where incorpora	أجرج والمستحد	FL		Foreign country	у		
9° Reason for applying (check	k only one)		Banking purpose (specify purp				
Started new business (specify type) Changed type of organization (specify new type) Purchased going business							
Hired employees (Check th	ne hov and see line 12)		Created a trust (specify type)				
Compliance with IRS withh	oldina regulations	ئىن 1	Created a pension plan (speci				
Other (specify)				ij ijpoj			
10" Date business started or a DEC 15 2003	acquired (month, day, year)		11 Closing month of account DEC	ing year			
12 First date wages or annuiti	ies were paid or will be paid (montl tresident alien. (month, day, year).	n, day, year) N	ote:If applicant is a withholding APR 15 2004	agent, enter date	·		
13 Highest number of employ	ees expected in the next twelve m	onths Note:#f#	ne applicant	Agriculture	Household	Other	
	employees during the period, enter-			<u>0</u>	<u> </u>	2	
Construction Ren	cribes the principal activity of your bartal & leasing Transported	ion & warehous			Wholesale-s Wholesale-o	gent/broker other	
Cther (specify)	nufacturing Finance & i		Retail				
15" Indicate principal line of n will sell real estate for a co	nerchandise sold; specific construc ommission	tion work done	; products produced; or service	s provided.			
16a* Has the applicant ever a Note if "Yes" please complete	applied for an employer identification in the second second in the second secon	n number for t	nis or any other business?	₽ Y∈	es No		
	ine 16a, give applicant's leg	al name and tr	ade name shown on prior applic	ation if different f	rom tine 1 or 2 a	bove.	
Legal name ➤ <u>Jordyn Re</u> Trade name ►							
16c* Approximate date when,	, and city and state where, the app			ntification number	if known.	 	
Approximate date when filed APR 1 1997	(month, day, year) City and s	state where file alm Beach FL		evious EIN 65 - 0739426			
. 1	ty if you want to authorize the named in		the entity's EIN and answer outsit		letion of this form	·	
Third Designee's name				·····	elephone number (nclude area code	
Party			•		. ,		
Designee Address and ZIP o	∞oe		Contraction of the Contraction o	() Designee's fa	ex number (include	ense code)	
4 1 2 2	·		· · · · · · · · · · · · · · · · · · ·	() -	,	<i></i> /	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					Applicant's telephone number (include area code)		