2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024277

1. Entity Name

WARWICK HARRISON, L.L.C.

FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

5201 VILLAGE BLVD. WEST PALM BEACH, FL 33407 Mailing Address

5201 VILLAGE BLVD.

WEST PALM BEACH, FL 33407



DO NOT WRITE IN THIS SPACE

04072006 No Chg-LLC CF

CR2E083 (11/05)

4. FEI Number 20-2107299 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

50.00

6. Name and Address of Current Registered Agent

CONSIDINE, JOSEPH M 515 N. FLAGLER DRIVE, SUITE 702 NORTHBRIDGE CENTRE WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

BIGINATURE.	Signature, typed or printed name of registered agent and title if applicable			and any of the state	W	DATE		13-98 15 S
SIGNATURE.		,,	and a second control (数)			٠,,,		
	reamed entity submits this statement for the purpose of tions of registered agent.	or criticity ing its regis	itered filling of Leftigfeter afferst or z	1011;, NI UIC	Diale Oi 1 io	iiQa, TaiiTai	illiai vriai,	and accept

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

9.	MANAGING MEMBERS/MANAGERS	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARWICK, WILLIAM R 5201 VILLAGE BLVD. WEST PALM BEACH, FL 33407	U00000533751 05/06/06-80135-017
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME Street address City-St-Zip		

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Elorida Statutes.

SIGNATURE:

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

Date

Daytime Phone #