

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90132 050 ****50.00

20001551



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3122849 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
~~321 ROYAL POINCIANA PLAZA~~
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
340 ROYAL POINCIANA WAY
SUITE # 321
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BIRT, ROGER D II	
STREET ADDRESS	13155 NORTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HANLON, M. TIMOTHY	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REILLY, DONALD	
STREET ADDRESS	14475 80TH AVENUE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE # 321	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Roger D. Birt Roger D. Birt 1/19/06 772-589-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #