2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033437

1. Entity Name

PALM BREEZES CLUB, LLC



Principal Place of Business

14255 US HIGHWAY 1 LOGGERHEAD PLAZA JUNO BEACH, FL 33408 Mailing Address

14255 US HIGHWAY 1 LOGGERHEAD PLAZA JUNO BEACH, FL 33408

FILED Mar 21, 2006 8:00 am Secretary of State

03-21-2006 90294 021 ****50.00



01262006 No Chg-LLC

CR2E083 (11/05)

| 5. Certificate of Status Desired | \$5.00 Fee Rec | Additional uired |
|----------------------------------|-------------------|---------------------|
| 51-0506220 | | Not Applicable |
| 4. FEI Number | | Applied For |

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KLEIN & DOBBINS, P.L. 805 VIRGINIA AVENUE, STE. 25 FORT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

| | | 1 | | | | |
|---|--|--|------------------|----------|--|--|
| 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 agreture required when resistance) | | CATE | | |
| Fi D | ling Fee is \$50.00 ue by May 1, 2006 | *************************************** | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGRM | | | | | |
| NAME | NEIBERG, STEVEN A | | | | | |
| STREET ADDRESS | 1920 FRONTAGE RD STE 107 | | | | | |
| CITY-ST-ZIP | CHERRY HILL, NJ 08034 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | , | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | . DO 810- | r mainte | | |
| CITY-ST-ZIP | | | DO NO | T WRITE | | |
| TITLE | | | IN THIS | SPACE | | |
| NAME | | | כונים וייים אינו | SPACE | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADORESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | | | | | | |

11. I hereby certify that the information supplied with this timing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and brightny 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 TYPEOGRAPH PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

F2606 561-799-0033

Date

Daytime Phone #