

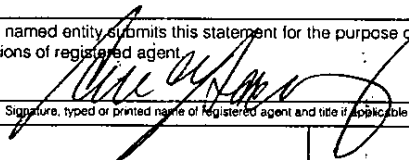
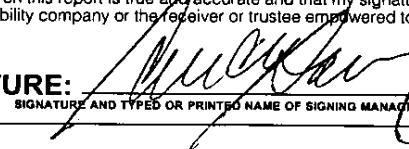


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 038 ****50.00

DOCUMENT # L04000041734					
1. Entity Name DUBARRY WOODBINE, LLC					
Principal Place of Business 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408			Mailing Address 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 625 N. Flagler Dr. Suite, Apt. #, etc. 9th Floor		3. Mailing Address 625 N. Flagler Dr. Suite, Apt. #, etc. 9th Floor			
City & State West Palm Bch, FL		City & State West Palm Beach		07312006 Chg-LLC CR2E083 (11/05)	
Zip 33401		Country US		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name: Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable): Moyle, Flanign, Katz, et al 625 N. Flagler Dr. 9th Floor City: West Palm Beach FL Zip Code: 33401		
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:  Robert C. Hackney, Esq. 8/2/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBARRY, ETTIENE 11211 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Robert C. Hackney, Esq. 8/2/06 561-776-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					