

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90034 035 ****50.00

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DOCUMENT # L04000046092 1. Entity Name 254 NORTH COUNTY LLC																													
Principal Place of Business 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410 US			Mailing Address 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410 US																										
2. Principal Place of Business <u>3307 NORTHLAKE BLVD.</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State		3. Mailing Address <u>3307 NORTHLAKE BLVD.</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State		04102006 Chg-LLC CR2E083 (11/05)																									
Zip Country Country		Zip Country Country		4. FEI Number 20-1275468 Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3307 NORTHLAKE BLVD.</u> <u>SUITE 107</u> 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 <u>JOSEPH F. CROSSEN</u> DATE <u>4-10-06</u> Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CROSSEN, JOSEPH F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4239 NORTHLAKE BLVD., SUITE D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> </tr> </table>			TITLE	MGR	☐ Delete	NAME	CROSSEN, JOSEPH F		STREET ADDRESS	4239 NORTHLAKE BLVD., SUITE D		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><u>3307 NORTHLAKE BLVD., SUITE 107</u></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☒ Change ☐ Addition	NAME			STREET ADDRESS	<u>3307 NORTHLAKE BLVD., SUITE 107</u>		CITY-ST-ZIP		
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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 provided in this report is true and accurate and that my signature has 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: JOSEPH F. CROSSEN

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

4-10-06

Date

561-626-2778

Daytime Phone #