

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049371

FILED
Jul 06, 2006
Secretary of State

Entity Name: ANTIPODEAN PROPERTIES, LLC

Current Principal Place of Business:

6720 CONCH COURT
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437

Current Mailing Address:

6720 CONCH COURT
BOYNTON BEACH, FL 33437

New Mailing Address:

6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437

FEI Number: 20-1416230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNELLY, JOHN S ESQ
6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WICKETT, ANDREW J
Address: 6720 CONCH COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: KENNELLY, JOHN B
Address: 333 KEY PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RHINEHARDT, MAURICE O
Address: 6849 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN B. KENNELLY

MGRM

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date