## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000051470

## **FILED** Jan 12, 2006 8:00 am Secretary of State

1. Entity Nan LANDER		N, LLC					01-12-2006 9 01-12-2006 9		****25.0		
Principal Place of Business 310 10TH ST WEST PALM BEACH, FL 33401 US  Mailing Address 310 10TH ST WEST PALM BEACH, FL WEST PALM BEACH, FL					I US						
2. Principal f	Place of Bus	siness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E08	33 (11/05)		
City & State			City & State	City & State			4. FEI Number				
Zip	1	Country	Zip	Count	ry		of Status Desired	, n	\$5.00 Add Fee Require		
,	6. Name	and Address of Curr	ent Registered Agent		Nome 1.	/ /	Address of New	Registered /	Agent		
FRIEDLAN	ID KIRK	5 (	<u></u> .				DION			•	
505 S.FLA	R, STE 1330 H, FL 33401		Street Address		(P.O. Box Num TRATA	ber is Not Accept	table)				
				(		- Blm B	each	FL	Zio Coo		
8. The above the obliga	tions of reg	istered agent.	ment for the purpose of char d agent and title if applicable.		egistered office		ents the State of F	orida. I am f	amiliar with,	and accept	
•				(10.0.10	policion regular signatur			P		·	
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Di	ling Fee ue by Ma	y 1, 2006	MBERS/MANAGERS	10.			Florid	a Departme	-	e Addition	
9.  TITLE 1.  NAME	MGR LANDERS	y 1, 2006  MANAGING MEI  S, KELLY V		TITLE			Florid	a Departme	ent of State	J 4	
9. TITLE *:	MGR LANDERS	MANAGING MEI  S, KELLY V  ST	☐ Delete	TITLE NAME STREE	1		Florid	a Departme	ent of State	J 4	
9.  TITLE 1.  NAME  STREET ADDRESS	MGR LANDERS	y 1, 2006  MANAGING MEI  S, KELLY V	☐ Delete	TITLE NAME STREE	ET ADDRESS ST-ZIP		Florid	a Departme	ent of State	J 4	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR LANDERS 310 10TH WEST PA	MANAGING MEI  S, KELLY V  S ST  ALM BEACH, FL: 33	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP		Florid	a Departme	Change	Addition	
9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	MGR LANDERS 310 10TH WEST PA MGR DION, KE	MANAGING MEI  S, KELLY V  S ST  ALM BEACH, FL: 33	☐ Delete 401 ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP		Florid	a Departme	Change	Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made undermething 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE