

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 043 ***138.75

DOCUMENT # L04000052711

1. Entity Name
DUNBAR ROAD INVESTMENTS, LLC



Principal Place of Business
**72 DUNBAR ROAD
PALM BEACH GARDENS, FL 33418**

Mailing Address
**4520 DONALD ROSS ROAD
200
PALM BEACH GARDENS, FL 33418**

2. Principal Place of Business - No P.O. Box #
41650 Donald Ross Rd.

3. Mailing Address
41650 Donald Ross Rd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip
33418

Country

Zip

33418

Country

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1384689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE STE. 1100
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

41650 Donald Ross Rd.

Suite 200

City

Palm Beach Gardens

FL

Zip Code
33418

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TUCHMAN, MICHAEL M.D.**
STREET ADDRESS **72 DUNBAR ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **41650 Donald Ross Rd. Suite 200**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this report 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:

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

Date

Daytime Phone #