



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055284</b>			
1. Entity Name <b>COUNTRY MANOR ESTATES, LLC</b>			
Principal Place of Business <b>525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04032006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>20-2613539</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>KOEPEL, JOEL P 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEPEL, JOEL P 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401		
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____ <b>LISA FAIRCLOUGH 973-579-1628</b>	