

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060709

1. Entity Name
PALM BREEZE TRAILS LLC



Principal Place of Business
**370 VIOLET AVENUE
POUGHKEEPSIE, NY 12601**

Mailing Address
**370 VIOLET AVENUE
POUGHKEEPSIE, NY 12601**



07142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1504990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLASSBERG, ROY
123 NW 13TH STREET, SUITE 312
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLASHOW-PARDELL, JAMIE
51 KINGWOOD PARK
POUGHKEEPSIE, NY 12601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARDELL, RANDY
51 KINGWOOD PARK
POUGHKEEPSIE, NY 12601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000573568
08/07/06-80002-021 50.00

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IN THIS SPACE**

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: _____

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

7/31/06 **845**
453-2186
Date Daytime Phone #