

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90057 027 ****55.00

DOCUMENT # L04000074047 1. Entity Name 6720 KATHERINE ROAD, LLC					
Principal Place of Business 6720 KATHERINE ROAD WEST PALM BEACH, FL 33413 US			Mailing Address 6720 KATHERINE ROAD WEST PALM BEACH, FL 33413 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, CHARLES. 6720 KATHERINE ROAD WEST PALM BEACH, FL 33413			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, CHARLES 6720 KATHERINE ROAD WEST PALM BEACH, FL 33413		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, PATRICIA 6720 KATHERINE ROAD WEST PALM BEACH, FL 33413		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles Walker</u> <u>Charles Walker MGR</u> <u>3/1/05</u> <u>561-684-0392</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



03012005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1731911** Applied For Not Applicable

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