

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000074694

1. Entity Name
MONCEAUX PROPERTIES, LLC



Principal Place of Business
**516 MONCEAUX ROAD
WEST PALM BEACH, FL 33401**

Mailing Address
**516 MONCEAUX ROAD
WEST PALM BEACH, FL 33401**

FILED
Jan 17, 2007 08:00 AM
Secretary of State



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1117875	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEID, PHILIP
516 MONCEAUX ROAD
WEST PALM BEACH, FL 33405**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MERCUR, WILLIAM
STREET ADDRESS	516 MONCEAUX ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	MGRM
NAME	SEID, PHILIP
STREET ADDRESS	516 MONCEAUX ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/17/07-80048-009 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #

1/14/07

561-209-1822