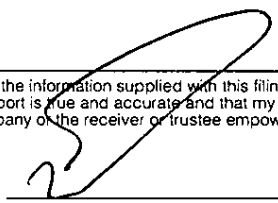


**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000077098</b> 1. Entity Name 201 INDIAN ROAD LLC					
Principal Place of Business C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401			Mailing Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>APPLIED FOR</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Country		Country		08032006    Chg-LLC    CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  VEGOSEN, DEAN ESQ C/O BOOSE CSEY CIKLIN LUBITZ MARTENS MCBAN 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00                  Due by September 6, 2006</b>			<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGE, THOMAS 201 INDIAN ROAD PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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 # _____	



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Division of Corporations

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Document Number

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Business Entity Name

201 INDIAN ROAD LLC

FBI Number

FBI Number Status

Listed Above  Applied For  Not Applicable

Certificate of Status Desired  Yes  No \$5.00 each

Principal Place of Business

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKL  
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
City, State WEST PALM BEACH FL  
Zip Code & Country 33401

Mailing Address

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKL  
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
City, State WEST PALM BEACH FL  
Zip Code & Country 33401

Name and Address of Registered Agent

Name (Last, First, Middle, Title) VEGOSEN, DEAN, ESQ

- OR -

Business to serve as RA

Address (PO Box is not acceptable) C/O BOOSE CSEY CIKLIN LUBITZ MARTEN  
Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
City, State WEST PALM BEACH FL  
Zip Code & Country 33401 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Dean Vegosen

This signature must be that of the individual "signing" this document electronically or be

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made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title	MGR		
Name (Last, First, Middle, Title)	HODGE	THOMAS	
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address	201 INDIAN ROAD		
City, State	PALM BEACH	FL	
Zip Code & Country	33480		
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			

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#L04000077098

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Mr

Managing Member/Manager Signature Thomas Hodge

The individual "signing" this document affirms that the facts stated herein are true.

Continue

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## Division of Corporations

## Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number L04000077098  
 Business Entity Name 201 INDIAN ROAD LLC  
 FEI Number  
 FEI Number Status Not Applicable  
 Certificate of Status Desired No

## Principal Place of Business

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT  
 Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
 City, State WEST PALM BEACH, FL  
 Zip Code & Country 33401

## Mailing Address

Address C/O DEAN VEGOSEN, BOOSE CASEY CIKLIN LUBIT  
 Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
 City, State WEST PALM BEACH, FL  
 Zip Code & Country 33401

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) VEGOSEN, DEAN , ESQ  
 Address C/O BOOSE CSEY CIKLIN LUBITZ MARTENS MCBAN  
 Suite, Apt. #, etc. 515 N. FLAGLER DRIVE, 18TH FLOOR  
 City, State WEST PALM BEACH, FL  
 Zip Code & Country 33401 US  
 Registered Agent Signature DEAN VEGOSEN

## Managing Member/Manager Name and Address

Title MGR  
 Name (Last, First, Middle, Title) HODGE, THOMAS  
 Street Address 201 INDIAN ROAD  
 City, State PALM BEACH, FL  
 Zip Code & Country 33480

Title MR  
 Managing Member/Manager Signature THOMAS HODGE

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