

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000077444**

**1. Entity Name**  
170 LOGGERHEAD PARTNERS, LLC



**Principal Place of Business**  
1201 US HIGHWAY ONE, SUITE 435  
NORTH PALM BEACH, FL 33408

**Mailing Address**  
1201 US HIGHWAY ONE, SUITE 435  
NORTH PALM BEACH, FL 33408



01102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-1792395

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**

☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KAMINSKI, CAROL ANN  
1201 US HIGHWAY ONE, SUITE 435  
NORTH PALM BEACH, FL 33408

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGR  
KENNY, MICHAEL  
1201 US HIGHWAY ONE, SUITE 435  
NORTH PALM BEACH, FL 33408

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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U00000388483  
01/20/06-80006-018 50.00

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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 605, Florida Statutes.**

**SIGNATURE:**

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

**Date**

**Daytime Phone #**

*J. Kevin Kenny* J. KEVIN KENNY 1/11/06 561-626-5212