


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90155 030 \*\*\*\*50.00

|   |   |         |   |  |  |
|---|---|---------|---|--|--|
| <b>DOCUMENT # L04000077644</b>  |   |         |   |   |  |
| <b>1. Entity Name</b><br>RUN PALM BEACH, L.L.C.   |   |         |   |  |  |
| <b>Principal Place of Business</b><br>135 RUTLAND BLVD.<br>WEST PALM BEACH, FL 33405 US   |   |         | <b>Mailing Address</b><br>135 RUTLAND BLVD.<br>WEST PALM BEACH, FL 33405 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   |         | <b>3. Mailing Address</b>   |  |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.   |  |  |
| City & State  |   |         | City & State  |  |  |
| Zip   |   | Country |   | Zip  |  |
| Country   |   | Country |   | City   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RAGSDALE, DAVE<br>135 RUTLAND BLVD.<br>WEST PALM BEACH, FL 33405  |   |         |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| <b>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.</b>  |   |         |   | FL Zip Code  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____   |   |         |   |  |  |
| <b>Filing Fee is \$50.00 Due by September 14, 2007</b>  |   |         | <b>Make check payable to Florida Department of State</b>                    |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |         |   | <b>10. ADDITIONS/CHANGES</b>   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>RAGSDALE, DAVE<br>135 RUTLAND BLVD.<br>WEST PALM BEACH, FL 33405  |         |   | <input type="checkbox"/> Delete  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>NOWACKY, BEN<br>211 NOTTINGHAM BLVD.<br>WEST PALM BEACH, FL 33405 |         |   | <input checked="" type="checkbox"/> Delete   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |         |   |  |  |
| <b>SIGNATURE:</b> _____   |   |         |   | 6/26/07 561-596-0445   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |         |   | Date Daytime Phone #   |  |

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06262007 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
59-3790756

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

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 14, 2007**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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**SIGNATURE:** \_\_\_\_\_

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

Date Daytime Phone #