
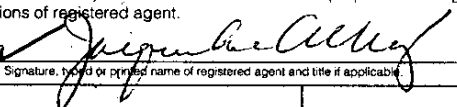



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90095 013 ****55.00

DOCUMENT # L04000084467 1. Entity Name MAY AND ASSOCIATES REALTY, LLC.					
Principal Place of Business 200 MONTANT DRIVE PALM BEACH GARDENS, FL 33410			Mailing Address 200 MONTANT DRIVE PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 410 SAVOIE DR. Suite, Apt. #, etc.			
City & State 		City & State Palm Beach Gardens, FL		4. FEI Number 41-2165622	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY, JACQUELINE A 200 MONTANT DRIVE PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name MAY, JACQUELINE A. Street Address (P.O. Box Number is Not Acceptable) 410 SAVOIE DR. Palm Beach Gardens FL 33410.			
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 May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAY, JACQUELINE A 200 MONTANT DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAY, STEVEN M SR. 200 MONTANT DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1/27/06 Daytime Phone #:		