

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-02-2006 90047 006 ****50.00

DOCUMENT # L04000087545

1. Entity Name
OLD TOWNE, LOT 5, LLC



Principal Place of Business
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Mailing Address
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

60010110



01092006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-1958607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, SANDRA L
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

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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 MGRM
NAME WACZAK, PAUL
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE MGR
NAME FAGO, ELIZABETH
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE MGR
NAME STIER, E JOSEPH
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #