
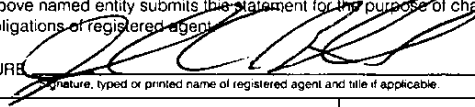
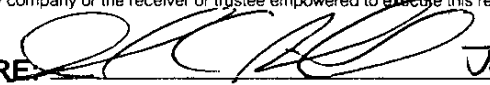


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90174 026 \*\*\*\*50.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L04000087990</b><br>1. Entity Name<br><b>BILLS JUNO SQUARE, LLC</b>  |  |   |  |                           |  |
| Principal Place of Business<br><b>2401 PGA BOULEVARD, SUITE #280<br/>PALM BEACH GARDENS, FL 33410</b>  |  |   | Mailing Address<br><b>3950 PGA BLVD<br/>STE 5000<br/>PALM BEACH GARDENS, FL 33410</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3950 RCA BLVD STE 5000</b>  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br><b>Palm Beach Gardens, FL</b><br>Zip<br><b>33410</b> |  |  |  |
| 4. FEI Number<br><b>59-3790764</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>BILLS, JOHN C<br/>2401 PGA BOULEVARD, SUITE #280<br/>PALM BEACH GARDENS, FL 33410</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3950 RCA BLVD STE 5000</b><br>City<br><b>Palm Beach Gardens</b> <b>FL</b> Zip Code<br><b>33410</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.<br>SIGNATURE  <b>JOHN C. Bills</b> <b>4/13/07</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small> |  |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BILLS, JOHN C<br>2401 PGA BOULEVARD, SUITE #280<br>PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>3950 RCA BLVD STE 5000</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.                               |  |   |  |  |  |
| SIGNATURE  <b>JOHN C. Bills</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | <b>4/13/07 561-627-7551</b><br><small>Date Daytime Phone #</small>   |  |  |