

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90045 002 \*\*\*138.75

**DOCUMENT # L04000088138**

1. Entity Name  
6632 WALLACE ROAD, LLC



Principal Place of Business

4710 HUNTING TRAIL  
LAKE WORTH, FL 33467 US

Mailing Address

4710 HUNTING TRAIL  
LAKE WORTH, FL 33467 US

00000000



07182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4772804

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORTON, JAMES A JR  
901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROCHARD, LEILANI
STREET ADDRESS	4710 HUNTING TRAIL
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGRM
NAME	BROCHARD, GORDON
STREET ADDRESS	4710 HUNTING TRAIL
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGRM
NAME	JONES, ELEANOR
STREET ADDRESS	8587 THOUSAND PINES COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	MGRM
NAME	JONES, DAN
STREET ADDRESS	8587 THOUSAND PINES COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

7-18-08

Date

561-686-1116

Daytime Phone #