

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090333 1. Entity Name NEW SARCHI-BIRFIN, LLC	
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Principal Place of Business 333 PERUVIAN AVENUE PALM BEACH, FL 33480 US	Mailing Address 333 PERUVIAN AVENUE PALM BEACH, FL 33480 US
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05152006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

**Filing Fee is \$50.00
Due by September 8, 2006**

U000000566117
05/25/06-80005-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRMINGHAM, PAUL 333 PERUVIAN AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINNEGAN, J. BRENT 333 PERUVIAN AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHICK, PETER 333 PERUVIAN AVENUE PALM BEACH, FL 33480
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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: *Paul Birmingham* **5/23/06** **561-379-2408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #