2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State
05-02-2005 90364 046 ****50.00

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DOCUMENT # L05000001378

1. Entity Name
A. FAXON HENDERSON, JR. PROFESSIONAL LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
12773 WEST FOREST HILL BLVD., #206 WELLINGTON, FL 33414	12773 WEST FOREST HILL BLVD., #206 WELLINGTON, FL 33414

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
525 S. Flagler Drive	525 S. Flagler Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country:	Zip: 33401 Country:

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, A. FAXON JR. 12773 WEST FOREST HILL BLVD., #206 WELLINGTON, FL 33414	Name: Street Address (P.O. Box Number is Not Acceptable): 525 S. Flagler Drive Suite 200 City: West Palm Beach, FL Zip Code: 33401

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, A. FAXON JR. 12773 WEST FOREST HILL BLVD., #206 WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 525 S. Flagler Drive, Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. Faxon Henderson (signature) A. Faxon Henderson, Jr., Managing Member April 27, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #