

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90054 033 ****50.00

60043892



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number **NOT APPLICABLE 32-0138108** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, GREGORY R
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name **H. Stacy Scraggins**
Street Address (P.O. Box Number is Not Acceptable)
1471 Cades Bay Ave
City **Jupiter** FL Zip Code **33458**

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 **H. Stacy Scraggins** **H. Stacy Scraggins** **4/25/07**
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SALEX PARTNERS LLC	
STREET ADDRESS	826 DAKOTA DR #101	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JMS AND LMP HOLDINGS LLL	
STREET ADDRESS	18171 SE ISLAND DR	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JUPITER ORTHOPAEDIC PARTNERS LLC	
STREET ADDRESS	1411 N FLAGLER DR #5600	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PONCY PROPERTIES LLC	
STREET ADDRESS	19842 POINT DR	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LU-NORTH PB COUNTY LLC	
STREET ADDRESS	3390 BURNS RD #105	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	NEWFIELD HOLDINGS LLC	
STREET ADDRESS	140 JUPITER LAKES BLVD	
CITY-ST-ZIP	JUPITER, FL 33458	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palm Beach Cammings Creditology, LLC	
STREET ADDRESS	600 University Blvd # 200	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/07 **561 630-6277**