

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**


9/6/2006-90007-032-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:24

**DOCUMENT #** L05000010083

1. Entity Name  
**JUNG BEACH MANAGEMENT, LLC**



Principal Place of Business      Mailing Address  
**452 MARBELLA DRIVE NORTH**      **452 MARBELLA DRIVE NORTH**  
**PALM BEACH FL 33403**              **PALM BEACH FL 33403**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                          Zip      Country

4. FEI Number  
**20-2255091**

Applied For  
 Not Applicable

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

**5. Name and Address of Current Registered Agent**

**STANTON, ROGER C ESQ**  
**4420 BEACON CIRCLE**  
**WEST PALM BEACH FL 33407**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City    **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and L05 4 applicable      NOTE: Registered Agent signature required when reinstating

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**


**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGING MEMBER</b> <b>ANSON KLINGER</b> <b>452 MARBELLA DRIVE</b> <b>NORTH PALM BEACH, FL. 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 606, Florida Statutes.

**SIGNATURE:**  **ANSON KLINGER** 9/1/06 161-842-1119

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