

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 8:00 am
Secretary of State

04-13-2006 90039 007 ****50.00

DOCUMENT # L05000011437					
1. Entity Name JOANN V. HENDELMAN, LLC					
Principal Place of Business 2700 PGA BLVD 101 PALM BEACH GARDENS, FL 33410 US			Mailing Address 2700 PGA BLVD 101 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		04072006 Chg-LLC CR2E083 (11/05)			
4. FEI Number 00-3290209				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		
HENDELMAN, JOANN V 2700 PGA BLVD 101 PALM BEACH GARDENS, FL 33410			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					
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HENDELMAN, JOANN V 2700 PGA BLVD, SUITE 101 PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change	☐ Addition
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					