2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

| DOCUMENT # L05000013646 1. Entity Name 254 TANGIER LLC | | | | | | | 02-13-2006 90194 023 ****55.00 | |
|--|-----------------|------------------------------|---|---------------|--------------------------|---|--|--|
| Principal Plac 320 RIDGEVI PALM BEACH | IEW DRIVE | | Mailing Address 320 RIDGEVIEW DRIVE PALM BEACH, FL 33480 US | | | i i i i i i i i i i i i i i i i i i i | 871 BATE? BIJL BENJ BENJ BENJ BAJOL HORA HIJA BIJL BIJAN BIJAN JIJAN JIJAN BIJAN JIJAN JIJAN JIJAN JIJAN JIJAN | |
| 2. Principal 6 | Pice of Busin | Palm Way | 3. Mailing Address 420 Koyal Palm Way | | | | | |
| Chi Samson Capital Adusus | | | 90 Samson Capital Advisors | | | 02072006 | Chg-LLC CR2E083 (11/05) | |
| Palm Bach FL | | | Pain Bach FL | | 4. EE Numl | -2908739 Applied For Not Applicable | | |
| ^{Zip} 33 | 480 | Pain Beach | ²³ 3480 | Put | mBach | l | te of Status Desired \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent Na | | | | | | 7. Name and Address of New Registered Agent | | |
| ZISKA, MAURA A 222 LAKEVIEW AVENUE Stoftwarter | | | | | | | MV/W | |
| SUITE 950 WEST PAI | | H, FL 33401 | anso | | M Clup | ital Advisors | | |
| | | | | | City Palm | Eta | W FL 33480 | |
| 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 Tyled or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE | | | | | | | | |
| Filling Fee is \$50.00 Make check payable to | | | | | | | | |
| | ue by May | | Ę.s. | | , | | Make check payable to Florida Department of State | |
| 9. | | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS/CHANGES | |
| TITLE NAME | MGRM LAMBERT | , DAVID | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 320 RIDG | EVIEW DRIVE ACH, FL 33480 | | | ET ADDRESS - ST - ZIP | | | |
| TITLE | FALWIDE | 4CH, FE 33460 | ☐ Delete | TITLE | · | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | | NAME STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | |
| TITLE NAME | | | ☐ Delete | TITLE | 1 | | ☐ Change ☐ Addition | |
| STREET ADDRESS | ļ | | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | ☐ Delete | TITLE | -ST-ZIP | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | İ | | | NAM | į. | | - · - | |
| CITY-ST-ZIP | | | | | ET ADDRESS -ST-ZIP | | | |
| TITLE NAME | | | ☐ Delele | TITLE | | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | : | STRE | ET ADDRESS | | للتركيب والمراجعين والمراجع | |
| CITY-ST_ZIP | | · · · · · | ☐ Delete | CITY- | -\$1-ZiP | | Change | |
| NAME . | - 2 | • 4. · | , Delete | NAME | | | Change Garage Change Addition | |
| STREET ADDRESS CFTY-ST-ZIP | | - - • | - | | ET ADDRESS -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. | | | | | | | | |
| * 1 | | | | | | | | |
| SIGNATURE: Named Afailt 2/6/06 561/7625413 | | | | | | | | |