


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-06 90288 047 <sup>State</sup>50.00

<b>DOCUMENT # L05000022222</b> 1. Entity Name 119 SQUARE LAKE SOUTH, LLC			
Principal Place of Business 10274 OSPREY TRACE WEST PALM BEACH, FL 33412 US		Mailing Address 10274 OSPREY TRACE WEST PALM BEACH, FL 33412 US	
2. Principal Place of Business 8409 N. Military Trail Suite, Apt. #, etc. Ste. 119 City & State Palm Beach Gardens, FL Zip 33410 Country US		3. Mailing Address 8409 N. Military Trail Suite, Apt. #, etc. Ste. 119 City & State Palm Beach Gardens, FL Zip 33410 Country US	
4. FEI Number 20-244 6583		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03312006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent FAIRCLOUGH, MICHAEL J 10274 OSPREY TRACE WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8409 N. Military Trail, Ste. 119 City Palm Beach Gardens FL Zip Code 33410	
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 <u>M.J. Fairclough</u> <u>Michael J. Fairclough</u> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE MGR NAME FAIRCLOUGH, MICHAEL J STREET ADDRESS 10274 OSPREY TRACE CITY-ST-ZIP WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME FAIRCLOUGH, CLAIRE D STREET ADDRESS 10274 OSPREY TRACE CITY-ST-ZIP WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 608, Florida Statutes.			
SIGNATURE: <u>M.J. Fairclough</u> <u>Michael J. Fairclough</u>		Date <u>(561) 691-1100</u> Daytime Phone #	