2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90038 002 ****50.00

DOCUMENT # L05000024933 1. Entity Name ENTERPRISE PROPERTIES OF THE PALM BEACHES, LLC							05-03-2006 90038 002 ****50.00				
Principal Place of Business 212 SE 9TH AVENUE BOYNTON BEACH, FL 33435 US			Mailing Address 212 SE 9TH AVENUE BOYNTON BEACH, FL 33435 US			LIBRING BY			(8 1918): (1188 II	eel mi teki	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062006	Chg-LLC	CR2E08	33 (11/05)		
City & State			City & State		4. FEI Numbe		8		plied For t Applicable		
Zip	Country		Zip	p Countr		5. Certificate	of Status Desired		\$5.00 Add ee Require		
· · · · · · · · · · · · · · · · · · ·	6. Name and Ad	dress of Current F	Registered Agent		N	7. Name and	Address of New I	Registered A	gent		
DELISI, MA		•			Name Street Addres	s (P.O. Box Numbe	er is Not Acceptabl	le)			
4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410					Street Address (P.O. Box Number is Not Acceptable)						
					90.	Ben 600, FL 33+.					
	named entity submits ions of registered age		the purpose of changing its	register	ed office or regis		th, in the State of Fl				
SIGNATURE.	Signature, typed or printed n	ame of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006											
								ke check pa la Departme		e	
D:	ue by May 1, 20	06	RS/MANAGERS	1 10.			Florid	la Departme		•	
	ue by May 1, 20		_	10. TITU				la Departme	ent of State		
9.	ue by May 1, 20	06 MAGING MEMBER	RS/MANAGERS	_	I		Florid	la Departme		☐ Addition	
9. IIILE	MA MGR	06 Waging member L NUE	_	TITLE NAM STRE			Florid	la Departme	ent of State		
9. IIILE NAME SIREET ADDRESS	MGR NADEAU, DEZIE 212 SE 9TH AVE BOYNTON BEAC	O6 NAGING MEMBER L NUE CH, FL 33435	_	TITLE NAM STRE	ET ADDRESS -ST-ZIP		Florid	la Departme	ent of State		
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11. Thereby certify that the information supplied with this filling 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: SUPPLIED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06 Date

Daytime Phone #