2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90036-042-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 11:24

DOCUMENT # L05000025375

1. Entity Name
LSPB REAL ESTATE LLC

Principal Place of Business	Mailing Address
3602 KYOTO GARDENS DRIVE PALM BEACH GARDENS, FL 33410	3602 KYOTO GARDENS DRIVE PALM BEACH GARDENS, FL 33410

07072006 Chg-LLC CR2E083 (11/05)

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 20-3978966 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNARE, JAMES H II
660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Paul Rosenhaus, MD 120 Clipper Lane Jupiter, FL 33477 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Richard Mangulies, M.D. 3355 Burns Road, #205 Palm Beach Gardens, FL 33410 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Richard Weiner, M.D. 41 St. Thomas Dr 33418 Palm Beach Gardens, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JACK DAubert, M.D. 796 Harbour Isle Place North Palm Beach, FL 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. BRIAN HASS, M.D. 2165 Radnor Road North Palm Beach, FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. EVAN Rosen, M.D. 18711 Rio Vista Dr. Tequesta, FL 33469 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. RAY ALVAREZ M.D. 5716 Whirlaway Rd Palm Beach Gardens FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 9-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #