## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025807

Entity Name: OPEN ARMS, THE ELITE TEAM LLC

FILED Apr 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4389 LAKE TAHOE CIRCLE 3930CIRCLELAKE DRIVE WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33417

**Current Mailing Address: New Mailing Address:** 

4389 LAKE TAHOE CIRCLE P.O. BOX 223596

WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33422

FEI Number: 20-2503269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORINVIL, SHARON MORINVIL, SHARON 4863 PINEAIRE LANE 3930 CIRCLELAKE

WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 US US

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.

ADDITIONS/CHANGES:

(X) Change ( ) Addition

SIGNATURE: 04/06/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete MORINVIL, SHARON MORINVIL, SHARON Name: Name:

4863 PINEAIRE LANE Address: 3930 CIRCLELAKE DRIVE Address:

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417

(X) Change ( ) Addition Title: MGRM () Delete Title: Name: MCCLURE, MYLINH Name: SIMPSON, ANGENETTE Address: 4389 LAKE TAHOE CIRCLE Address: 340 WEST 37TH STREET City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: RIVERIA BEACH, FL 33404

Title: () Delete Title: HRS ( ) Change (X) Addition

Name: SIMSPON, EILEEN Name: 3930 CIRCLELAKE DRIVE Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON MORINVIL **MGRM** 04/06/2006