

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000031770

1. Entity Name

PALM BEACH PROBATE SPECIALIST, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:15

Principal Place of Business

Mailing Address

37 COUNTRY ROAD
VILLAGE OF GOLF FL 33486
US

37 COUNTRY ROAD
VILLAGE OF GOLF FL 33486
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HVIDE, JOHAN A
1409 PINE LANE
DELRAY BEACH FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
05/01/06 90078 038 \$55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HVIDE, ERIK
37 COUNTRY ROAD
VILLAGE OF GOLF FL 33486 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date


Daytime Phone #

1/30/07

FILED
EGP070000074 2

2007 FEB -7 A 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT

| | | |
|--|---|---|
| SECRETARY OF STATE |  | FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS |
| REGISTRATION # LLP040002746 | | |
| 1. Name and Mailing Address | | |
| MCDERMOTT WILL & EMERY LLP 227 West Monroe Street, Suite 4700 Attention: Kristen E. Hazel Chicago, Illinois 60606 | | |
| <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2</small> | | |

LLP # **LLP040002746**

CR2E082-B (1/07)

| | | |
|--|-------|----------|
| 2. New Mailing Address, if Applicable: | | |
| Suite, Apt. #, etc. | | |
| City | State | Zip Code |

| |
|--|
| 3. Principal Place of Business Address |
| 201 South Biscayne Boulevard, Suite 2200 Miami, Florida 33131 |

| | | |
|---|-------|----------|
| 4. New Principal Office Address, if Applicable: | | |
| Suite, Apt. #, etc. | | |
| City | State | Zip Code |


| |
|---|
| 5. Federal Employer Identification Number |
| 36-1453176 |
| <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |

| |
|---|
| 6. Certificate of Status Desired: |
| <input type="checkbox"/> \$8.75 Additional Fee Required |

| |
|--|
| 7. Name and Address of Registered Agent |
| C T Corporation System c/o C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 |

| | | |
|--|----|----------|
| 8. New Name and/or Address of Registered Agent: | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | FL | Zip Code |

| | |
|---|--|
| 9. New Registered Agent's Signature, if Changed | |
| <small>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.</small> | |
| SIGNATURE: _____ | |
| <small>SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE</small> | |
| Date: _____ | |

| | | |
|---|--|--------------------------------------|
| 10. General Partner's Signature (REQUIRED) | | |
| <small>The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.</small> | | |
| SIGNATURE:  | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER</small> | | |
| Date: 2/7/07 | | Daytime Phone #: 305-347-6556 |
| Ira J. Coleman | | |

EGP070000074 2

To: FI Dept Of State
Subject: 0177.63786

From: Tracy Spear
Wednesday, February 07, 2007 3:50 PM Page: 1 of 3

LLP040002746

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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2007 FEB -7 A 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0177.63786

LLP REPORT

MCDERMOTT WILL & EMERY LLP

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|-----------------------|--------------|
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TALLAHASSEE, FLORIDA