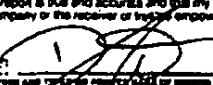


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

06 SEP 25 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000034347			
1. Entity Name TOWEL BROTHERS, LLC			
Principal Place of Business 125 SAINT EDWARDS PLACE PALM BEACH GARDENS, FL 33418		Mailing Address 125 SAINT EDWARDS PLACE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-263605		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEHON, FREDERIC T 5606 PGA BOULEVARD STE 211 PALM BEACH GARDENS, FL		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 further with, and accept the obligations of registered agent.			
SIGNATURE Signature based on printed name of registered agent and not a resident agent. Registered agent signature required when removing agent.			
Filing Fee to \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
FILE NAME DSG Leahy, LLC ☐ Delete STREET ADDRESS 125 ST EDWARDS PL (MGRM) CITY-STATE-ZIP Palm Beach Gardens, FL 33418		FILE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP	
FILE NAME Gary Gellman MGRM ☐ Delete STREET ADDRESS 125 St Edwards Pl CITY-STATE-ZIP Palm Beach Gardens, FL 33418		FILE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP	
FILE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP		FILE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP	
FILE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP		FILE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP	
FILE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP		FILE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP	
11. I hereby certify that the information included with this filing does not qualify for the exemptions contained in Chapter 118, 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 liquidator empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		3/20/06	