

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 047 ****55.00

DOCUMENT # L05000048800					
1. Entity Name LINLYN, LLC					
Principal Place of Business 29 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418			Mailing Address 29 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 29 ST. JAMES DRIVE			3. Mailing Address 29 ST. JAMES DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PALM BEACH GARDENS FLA.		City & State PALM BEACH GARDENS, FLORIDA		4. FEI Number 20-3005578	
Zip 33418		Country PALM BEACH		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMSTRONG, DAVID G ESQ. 4600 NORTH OCEAN BLVD. FOYNTON BEACH, FL 33435				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 <u>[Signature]</u> DATE <u>N/A</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TETTELBAUM, MYRON M 29 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COREY GOLDSTEIN 9794 VIA ELEGANTE WELLINGTON FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDSTEIN, COREY 6 WILMINGTON DRIVE MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COREY GOLDSTEIN 9794 VIA ELEGANTE WELLINGTON FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDSTEIN, COREY 6 WILMINGTON DRIVE MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COREY GOLDSTEIN 9794 VIA ELEGANTE WELLINGTON FL 33411	
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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: <u>[Signature]</u> MYRON M. TETTELBAUM M.D (FOR LINLYN LLC) 3/18/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

PHONE # (561) 630-4030