

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2006 FEB 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2988905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TASINI, OREN S
660 US HIGHWAY #1, 3RD FLOOR
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Street Add Corporation Service Company
City 1201 Hays Street
Tallahassee, FL 32301

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 Maurice Cullen MAURICE CULLEN ASST VP 2/21/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME Fenton Partners, Ltd.
STREET ADDRESS 2000 PGA Blvd., Suite 2202
CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE MGR ☐ Delete
NAME NY Juno, LLC
STREET ADDRESS 2000 PGA Blvd., Suite 2202
CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 900066596939

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: /s/ Ira C. Fenton

Ira C. Fenton

3/15/06

561-630-5116

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L05000056394

ACCOUNT NO. : 072100000032

REFERENCE : 883080 7389741

AUTHORIZATION

COST LIMIT

[Signature]
\$50.00

ORDER DATE : February 22, 2006

ORDER TIME : 2:30 PM

ORDER NO. : 883080-015

CUSTOMER NO: 7389741

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: JUNO SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

RECEIVED
06 FEB 24 PM 4:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____