

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90094 001 ***150.00

DOCUMENT # L05000068449

1. Entity Name
MIZNER HOLDINGS LLC



Principal Place of Business
3594 SOUTH OCEAN BOULEVARD, SUITE #101
HIGHLAND BEACH, FL 33487

Mailing Address
3594 SOUTH OCEAN BOULEVARD, SUITE #101
HIGHLAND BEACH, FL 33487

30006503



2. Principal Place of Business

3. Mailing Address

900 East Atlantic Avenue
Suite #13
Delray Beach, FL 33483

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Suite #13
Delray Beach, FL 33483

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3202542

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

MORRIS, WILLIAM E
3594 SOUTH OCEAN BOULEVARD, SUITE #101
HIGHLAND BEACH, FL 33487

Nar
Str 900 East Atlantic Avenue
Suite #13
Delray Beach, FL 33483
Cit 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

**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 MGRM
NAME MORRIS PALMETTO CORPORATION
STREET ADDRESS 3594 SOUTH OCEAN BOULEVARD, SUITE #101
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE MGRM
NAME 900 East Atlantic Avenue
STREET ADDRESS Suite #13
CITY-ST-ZIP Delray Beach, FL 33483

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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: *William E Morris*

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

4/26/06 561-245-1390

Date Daytime Phone #