

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000069368

**FILED  
Jul 10, 2006  
Secretary of State**

**Entity Name:** STEVE AND LISAS PALM BEACH PROPERTY LLC

**Current Principal Place of Business:**

10690 NW 27 CT.  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10690 NW 27 CT.  
SUNRISE, FL 33322

**New Mailing Address:**

**FEI Number:** 65-1115536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

POLCHA, STEVE  
10690 NW 27 CT.  
SUNRISE, FL 33322      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: POLCHA, STEVE  
Address: 10690 NW 27 CT.  
City-St-Zip: SUNRISE, FL 33322

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: POLCHA, LISA  
Address: 10690 NW 27 CT.  
City-St-Zip: SUNRISE, FL 33322

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE POLCHA

PRES

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date