


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 038 ****55.00

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| DOCUMENT # L05000070402 |  |
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|--|--|--|
| 1. Entity Name BANYAN DELRAY, LLC. | Principal Place of Business 4700 NW BOCA RATON BOULEVARD, SUITE 104 BOCA RATON, FL 33431-4860 | Mailing Address 4700 NW BOCA RATON BOULEVARD, SUITE 104 BOCA RATON, FL 33431-4860 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01102006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|---|
| 4. FEI Number 20-1386328 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| MOSKIN, SIDNEY M 4700 NW BOCA RATON BOULEVARD, SUITE 104 BOCA RATON, FL 33431-4860 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR M moskin, Sidney M 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ | Date: 1/11/06 | Daytime Phone #: 561-715-9280 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |