FILED
May 03, 2006 8:00 am
Secretary of State
04-20-2006 90028 030 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000075827

1. Entity Name
VIOLET BRIAR OAK, LLC

Principal Place of Business	Mailing Address
1975 SANSBURY WAY 101 ROYAL PALM BEACH, FL 33411	P.O. BOX 212286 ROYAL PALM BEACH, FL 33421

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04182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1975 SANSBURY'S WAY			
Suite, Apt. #, etc.: SUITE 101		Suite, Apt. #, etc.	
City & State: WEST PALM BEACH		City & State	
Zip: 33411	Country	Zip	Country

4. FEI Number ~~20-32533653~~ 20-3253653 ☐ 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
CHARTERED LAW FIRM OF AUBIN WADE ROBINSON 505 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411	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 ______________________________
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	P ☐ Delete	TITLE	MANAGER ☒ Change ☐ Addition
NAME	FRASER, SHERRON V	NAME	SHERRON V. FRASER
STREET ADDRESS	P.O. BOX 212286	STREET ADDRESS	P.O. BOX 212286
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	ROYAL PALM BEACH Fl 33421
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/17/06 561-756-4788
SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #