2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000084351

1. Entity Name
ANCONA REAL ESTATE FINANCE LLC



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90031 050 ****50.00

PAUM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404-5753 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICEDIAL PRICE 900 PALM BEACH SHORES, FL 33404 2 PRICE 900 PALM BEACH SHORES, FL 33404 3 PRICE 900 PALM BEACH SHORES, FL 33404 4 PRICE 900 PALM BEACH SHORES, FL 33404 4 PRICE 900 PALM BEACH SHORES, FL 33404 5 PRICE 900 P											
Sulfe, April 4, etc. Sulfe, April 4, etc. City & State City & State A. FEI Number Applied For	125 OCEAN /	AVENUE #8	00	125 OCEAN AVENUE #800			20029201				
City & State Separation of the property of the proper	2. Principal P	face of Busin	ess	3. Mailing Address			-				
Zep Country Zp Country S. Certificate of Status Desired \$5.00 Additional for Regulational	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E083	(11/05)	
2. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 17. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submis \$\frac{1}{2}\$ is statement for the purpose of changing its registered agent, or both, in the State of Floods. I am familiar with, and accept the obligations of registered agent agent agent are statement for the purpose of changing its registered agent, or both, in the State of Floods. I am familiar with, and accept the obligations of registered agent. SignATURE FIlling Fee is \$50.00 Make check payable to Differ Northern Agent agent are statement of State. P. MANAGING MEMBERS /MANAGERS 10. ADDITIONS /CHANGES FIRST ADDRESS OPT 51-3P PALM BEACH SHORES, FL 334045753 TILL NAME SIRET ADDRESS OPT 51-3P TILL NAME SIRET ADDRESS OPT 51-3	City & State	9		City & State			4. FEI Numb	er			<u> </u>
BORDELEAU, KATHLEEN A CPA 840 U.S. HIGHWAY #1, SUITE 110 NORTH PALM BEACH, FL 33404 City FL Zip Code The above named entity submits it is 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: City FL Zip Code	Zip Country			Zip	Zip Country		5. Certificate	of Status Desired		.00 Add	litional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current I	Registered Agent				Address of New F	Registered Age	nt	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed is printed name of regulated agent with site it applicable. DOTE Registered Agent algorithms required when remistating DATE	840 U.S. H	IIGHWAY	#1, SUITE 110			Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site 1 applicable. INOTE Registered Agent alguniture required when reinstating) DATE						City			FL	Zip Cod	e
Filling Foo is \$50.00 Second Principal Comparison of				the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Fl	orida. I am fam	iliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 19. ADDITIONS / CHANGES ITILE MARC MANAGING MEMBERS / MANAGERS 19. ADDITIONS / CHANGES Addition MAKE	SIGNATURE	Signature, typed	or printed name of regulatered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
TITLE NAME ANCONA, DAVID M SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST											•
NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P	9.		MANAGING MEMBE	RS/MANAGERS	10.	······		ADDITIONS	/CHANGES		
NAME SIRET ADDRESS CITY-ST-ZP Delde TITLE NAME NAME SIRET ADDRESS CITY-ST-ZP TITLE	NAME STREET ADDRESS	ANCONA, 125 OCE	AN AVENUE #800	: NAM: STRE		EET ADORESS				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME Change Change Change Change Change NAME Change	name Street address			NA) Str		RE EET ADDRESS				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS			NAM Stre		IE EET ADORESS			C	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby certify that the information supplied with tylis/filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accounte 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	NAME STREET ADDRESS			☐ Delete	NAM Stri	EET ADORESS		·		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with tylis/filling 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 accounte 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	NAME STREET ADDRESS			☐ Delete	NAM STRI	EET ADORESS				Change	☐ Addition
SIGNATURE: (56/)	NAME STREET ADDRESS			☐ Delete	NAM Stri	EET ADORESS				Change	Addition
	11. I hereby of indicated limited lia	certify that the lon this report bility compar	e information supplied with rt is true and accurate and my or the receiver of trustee	this filing does not qualify to that my signature shall have empowered to execute this	or the exe the sam report a	emptions containe e legal effect as if s required by Cha	upter 608, Florida	Statutes.	(5	61)	1
	SIGNAT			STANDO MANAGIMO MCANCO MA	MAGED ~	AIMANDIZEN BERNE		18,200			990