

07/14/1996 17:26

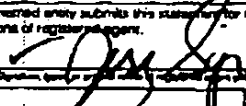
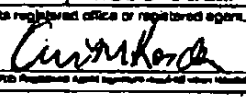
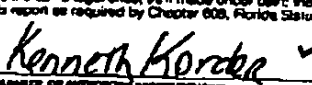
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SINGER

FILED
Jun 28, 2006 8:00 am
Secretary of State

04-18-2006 90007 011 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000085632			
1. Entity Name 1709B, LLC			
Principal Place of Business C/O JONES, FOSTER, JOHNSON & STUBBS, P.A. 505 SOUTH FLAGLER DRIVE, #1100 WEST PALM BEACH, FL 33401		Mailing Address C/O JONES, FOSTER, JOHNSON & STUBBS, P.A. 505 SOUTH FLAGLER DRIVE, #1100 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 2801 Long Meadow Dr. State, Apt. #, etc.		3. Mailing Address 2801 Long Meadow Dr. State, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33414	Country USA	Zip 33414	Country USA
4. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401		5. Name and Address of New Registered Agent Name JERRY SINGER, M.D. Street Address (P.O. Box Number is Not Acceptable) 2801 Long Meadow Dr. City West Palm Beach, FL Zip Code 33414	
6. 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  4/5/06	
Filing Fee is \$50.00 Due by May 4, 2006		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MANAGING MEMBER KENNETH KORDER 6 OLD FARM LANE OLD WESTBURY, NY 11568	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP Kenneth Korder 6 Old Farm Lane Old Westbury, NY 11568	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10. 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 registered trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE:  Kenneth Korder		SIGNATURE:  4/10/06	

30011291



03102006 Chg-LLC CR2ED83 (11/05)

4. FEI Number Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

SIGNATURE

Filing Fee is \$50.00
Due by May 4, 2006Make check payable to
Florida Department of State**8. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

9. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 registered trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

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

Date

Signature Page 1