

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096937

1. Entity Name
XENA LAUREL, LLC



Principal Place of Business
5100 TOWN CENTER CIRCLE, SUITE 430
BOCA RATON, FL 33486

Mailing Address
5100 TOWN CENTER CIRCLE, SUITE 430
BOCA RATON, FL 33486

2. Principal Place of Business
7001 SW 97 Avenue
Suite, Apt. #, etc.

3. Mailing Address
7001 SW 97 Avenue
Suite, Apt. #, etc.

FILED
2006 JAN 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202006 Chg-LLC CR2E083 (11/05)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-4046941

Applied For
Not Applicable

Zip
33173

Country

Zip

Country

33173

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE, SUITE 430
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
Anne L. Kardonski
Street Address (P.O. Box Number is Not Acceptable)
7001 SW 97 Avenue

City Miami FL Zip Code 33173

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

Anne L. Kardonski

1/13/06

Signature of the person or persons authorized to change the registered office or 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Anne L. Kardonski
7001 SW 97 Avenue
Miami, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700065112847
02/03/06--01005--023 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Anne L. Kardonski, Managing Member

(305) 275-1414

Date

Daytime Phone #