

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90150 025 \*\*\*138.75

<b>DOCUMENT # L05000099791</b> 1. Entity Name <b>NEW OKEECHOBEE, LLC</b>					
Principal Place of Business <b>4510 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>4510 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business - No P.O. Box # <b>5320 So Shore Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>5320 So Shore Blvd</b> Suite, Apt. #, etc.			
City & State <b>Wellington, FL</b> Zip <b>33449</b> Country <b>USA</b>		City & State <b>Wellington, FL</b> Zip <b>33449</b> Country <b>USA</b>		03132008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-3704607</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>ARMOUR, ALAN I ESQ. 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401</b>	
7. Name and Address of New Registered Agent Name <b>Ben L. Schachter</b> Street Address (P.O. Box Number is Not Acceptable) <b>5320 So Shore Blvd</b> <b>Wellington, FL</b> City <b>FL</b> Zip Code <b>33449</b>				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 <b>Ben L. Schachter Managing Member</b> DATE <b>3/13/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACHTER, BEN L 5320 SOUTH SHORE BOULEVARD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wellington, FL 33449	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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	
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: <b>Ben L. Schachter Managing Member</b>			DATE: <b>3/13/08</b>		Daytime Phone #: <b>561/990-0001</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>BEN L. SCHACHTER</b>					