

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/16

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90028 011 \*\*\*\*50.00

|  |                           |                                 |  |   |                                   |
|--|---------------------------|---------------------------------|--|---|-----------------------------------|
| <b>DOCUMENT # L05000104457</b>   |                           |                                 |  |  |                                   |
| 1. Entity Name<br>N50PS, LLC   |                           |                                 |  |   |                                   |
| Principal Place of Business<br>5201 VILLAGE BLVD<br>WEST PALM BEACH, FL 33407 US   |                           |                                 | Mailing Address<br>5201 VILLAGE BLVD<br>WEST PALM BEACH, FL 33407 US |   |                                   |
| 2. Principal Place of Business   |                           |                                 | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.  |                           |                                 | Suite, Apt. #, etc.  |   |                                   |
| City & State   |                           |                                 | City & State   |   |                                   |
| Zip  |                           | Country                         | Zip  |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                           |                                 |  | 7. Name and Address of New Registered Agent                                       |                                   |
| <del>CORPORATION SERVICE COMPANY</del><br><del>4204 HAYB STREET</del><br><del>TALLAHASSEE, FL 32307</del>  |                           |                                 |  | Name <b>ROBERT NEEDLE</b>   |                                   |
|  |                           |                                 |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>5201 VILLAGE BLVD</b>    |                                   |
|  |                           |                                 |  | City <b>West Palm Beach</b> FL Zip Code <b>33407</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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____  |                           |                                 |  |   |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                           |                                 |  | Make check payable to<br>Florida Department of State                              |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                           |                                 | 10. ADDITIONS/CHANGES  |   |                                   |
| TITLE  | MGRM                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | NEEDLE, ROBERT            |                                 | NAME   |   |                                   |
| STREET ADDRESS   | 5201 VILLAGE BLVD         |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33407 |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  | MGRM                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | SCHACHT, DALE             |                                 | NAME   |   |                                   |
| STREET ADDRESS   | 5201 VILLAGE BLVD         |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33407 |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> 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: <i>R. Speed</i>   |                           |                                 | Date: <i>4/5/05</i> 561-687-1921                                     |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                           |                                 | Date Daytime Phone #   |   |                                   |

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01042006 Chg-LLC CR2E083 (11/05)

4. FSI Number **20-3691413** Applied For Not Applicable

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