

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90280 001 ****50.00
04-17-2006 90280 002 *****5.00

DOCUMENT # L05000107343

1. Entity Name
ST. GEORGE LANDINGS PARTNERS LLC



Principal Place of Business
**1180 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

Mailing Address
**1180 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

30005388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3126429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIL, CARLOS JR
1180 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

7. 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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-STATE-ZIP
MGRM
GIL, RENE
1180 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
GIL, CARLOS
1180 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
GONZALEZ, CARLOS M
2831 EXCHANGE CT
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
GONZALEZ, DAVID D
2831 EXCHANGE CT
WEST PALM BEACH, FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

10. 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

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

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

Date

Daytime Phone #