

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 008 ****50.00

60032793



03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3841321 Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSARLING, RONALD L	NAME	
STREET ADDRESS	784 U.S. HWY. ONE, SUITE 7	STREET ADDRESS	2050 S. 11A, UNIT 2
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AJMO, JAY LOUIS	NAME	
STREET ADDRESS	784 U.S. HWY. ONE, SUITE 7	STREET ADDRESS	15280 PALMWOOD RD.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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	
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: _____ Date 5/28/07 Daytime Phone # 861-339-8600

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT
60032793

DOCUMENT # L05000113269 1. Entity Name 500/504 SEA DUNE LANE, L.L.C.			
Principal Place of Business 784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408		Mailing Address 784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # 15280 PALMWOOD RD.		3. Mailing Address 15280 PALMWOOD RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410		Zip 33410	
Country		Country	
4. FEI Number 20-3841321		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 ZANE, JEFFREY P 4800 RIVERSIDE DRIVE, SUITE 101 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSARLING, RONALD L 784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2050 S. 11A, UNIT 2 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AJMO, JAY LOUIS 784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15280 PALMWOOD RD. PALM BEACH GARDENS, FL 33410
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
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/28/07 821-338-8600 Date Daytime Phone #	