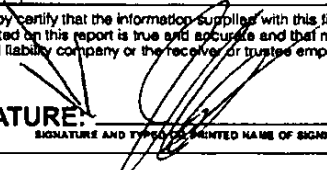


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-02-2007 90353 026 ****50.00

DOCUMENT # L06000024232			
1. Entity Name OKEECHOBEE 90, LLC			
Principal Place of Business 6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413		Mailing Address 6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413	
2. Principal Place of Business - No P.O. Box # 825 S. US Hwy 1		3. Mailing Address 825 S. US Hwy 1	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477		Country	
4. FEI Number 20-4464262		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JEFFREY C 6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413		7. Name and Address of New Registered Agent Name Lee, Jeffrey C. Street Address (P.O. Box Number is Not Acceptable) 825 S. US Hwy 1, Ste 100 City Jupiter FL 33477	
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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, JEFFREY C 6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, Jeffrey C 825 S. US Hwy 1, Ste 100 Jupiter, FL 33477 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 606, Florida Statutes.			
SIGNATURE: 		Date 4/24/07 Daytime Phone # 561-748-2607	