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

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024232

1. Entity Name
OKEECHOBEE 90, LLC

30010366

Principal Place of Business	Mailing Address
6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413	6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413

02012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
825 S. US Hwy 1		825 S. US Hwy 1	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country	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	7. Name and Address of New Registered Agent
LEE, JEFFREY C 6649 FOREST HILL BOULEVARD WEST PALM BEAC, FL 33413	Name: Lee, Jeffrey C. Street Address (P.O. Box Number is Not Acceptable): 825 S. US Hwy 1, Ste 100 City: Jupiter FL Zip Code: 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 reinstating) 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	MBR 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
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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 608, Florida Statutes.

SIGNATURE: [signature] 4/24/07 561-748-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #