

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044768

FILED
Apr 25, 2007
Secretary of State

Entity Name: SOUTHSTAR DEVELOPMENT WEST PALM BEACH L.L.C.

Current Principal Place of Business:

751 PARK OF COMMERCE DRIVE, SUITE 128
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

751 PARK OF COMMERCE DRIVE, SUITE 128
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 87-0768904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLMAN, NANCY B ESQ.
BARITZ & COLMAN LLP
150 E. PALMETTO PARK ROAD, SUITE 750
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

BARITZ & COLMAN, LLP
1075 BROKEN SOUND PARKWAY NW
SUITE 102
BOCA RATON, FL 33487 US

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.

SIGNATURE: NANCY COLMAN

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PECHTER, MARTIN
Address: 751 PARK OF COMMERCE DRIVE, SUITE 128
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: PECHTER, JACK
Address: 751 PARK OF COMMERCE DRIVE, SUITE 128
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GINA WILLIAMS

VP

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date